### FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

			FOI AII AULIIOI12	ea Comm	illee			Offic	e Use Only	
	NAME OF COMMITTEE (ir		FEC MAILING LAB		ample:If typing, t er the lines	type				
Nit	a Lowey for Co	ongress			1 1 1 1					
L		<u> </u>								
ADD	RESS (number a	nd street)	D Box 271							
	Check if diff than previou reported. (A	sly	hite Plains				LNY		10605	
2.	FEC IDENTIFIC	ATION NUMBER	₩	CITY 🛋			STATE	<b>A</b>	ZIP CODE	
	C0021988	1		S THIS REPORT	NEW (N)	OR	X	AMENDED (A)	STATE ¥	DISTRICT
	TYPE OF REF (a) Quarterly Re	`	(b) 1	2-Day <b>PRE</b>	-Election Repo Primary (12P Convention (	<b>'</b> )		eneral (12G) pecial (12S)	Rui	noff (12R)
		Quarterly Report		Election on				·	in the State of	
	Januar	y 31 Year-End Rep	port (YE) (c) 3	0-Day <b>POS</b>	General (30G			unoff (30R)	Spe	ecial (30S)
	Termin	ation Report (TER	E) E	Election on	11	0 7	2 (	006	in the State of	NY
5.	Covering Period	10	19 20	0 0 6	through	1 1		2 7	2006	
	ify that I have exa or Print Name of	·	and to the best of m Richard Melnik		e and belief it is	true, corre	ect and cor	nplete.		
Signa	ature of Treasure	r Electronically	Filed by Richard	Melnikoff			Date	0 9	24	2007
NOT	E : Submission o	f false, erroneous,	or incomplete inform	nation may s	ubject the perso	on signing	this Repor	t to the pena	Ities of 2 U.S.C 4	137g.
	Office Use							ı	FEC FORM (Revised 02/2003	

### **SUMMARY PAGE**

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003) Page 2 Write or Type Committee Name Nita Lowey for Congress 2 7 19 2006 1 0 2006 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period Election Cycle-to-Date** Net Contributions (other than loans) (a) Total Contributions 30395.00 1333402.74 (other than loans) (from Line 11(e))..... (b) Total Contribution Refunds 0.00 6450.00 (from Line 20(d))..... (c) Net Contributions (other than loans) 30395.00 1326952.74 (subtract Line 6(b) from Line 6(a))....... 7. Net Operating Expenditures (a) Total Operating Expenditures 180703.27 1195631.40 (from Line 17)..... (b) Total Offsets to Operating 0.00 549.89 Expenditures (from Line 14)..... (c) Net Operating Expenditures 1195081.51 180703.27 (subtract Line 7(b) from Line 7(a))....... Cash on Hand at Close of 895169.33 Reporting Period (from Line 27)..... 9. Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D)..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D)..... For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100 Image# 27931232769

# POST-ELECTION DETAILED SUMMARY PAGE

SUMMARY PAGE

Page 5

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FEC Form 3 (Revised 02/2003)

- Report of Receipts and Disbursements
- . If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

. If the candidate participated in the general election, use this form for the 30-day Post-General report.

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name Nita Lowey for Congress D D 27 1.0 19 2006 1.1 2006 Report Covering the Period: To: From: I. RECEIPTS **COLUMN A COLUMN B COLUMN C Total this Period Total for Election Cycle Total as of** 11. CONTRIBUTIONS 2006 0 7 2006 0.8 1,1 11 (other than loans) FROM: (a) Individuals/Persons Other than (date of general election) **Political Committees** (date after general election) Itemized (Use Schedule A) through 14375.00 2006 11 27 (ii) Unitemized (last day of reporting period) 1520.00 (iii) Total of contributions from individuals 15895.00 1056542.00 0.00 (b) Political Party Committees 0.00 307.74 0.00 (c) Other Political Committees 14500.00 276553.00 0.00

Image# 27931232770

FEC Form 3 (Revised 02/2003)

## **POST-ELECTION DETAILED SUMMARY PAGE**Report of Receipts and Disbursements

4 / 50

Page 6

**COLUMN B COLUMN C COLUMN A** Total this Period Election Cycle Total as of \* (date of general Election) (\* See page 5 for date) (d) The Candidate 0.00 0.00 0.00 (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d)) 30395.00 1333402.74 0.00 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES 0.00 0.00 0.00 13. LOANS: (a) Made or Guaranteed by the Candidate 0.00 0.00 0.00 (b). All Other Loans 0.00 0.00 0.00 (c). TOTAL LOANS (add Lines 13(a) and (b)) 0.00 0.00 0.00 14. OFFSETS TO OPERATING EXPENDITURES (refunds, rebates, etc) 549.89 0.00 0.00 15. OTHER RECEIPTS (Dividends, Interest, etc) 0.00 1238.58 26588.40 16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15) 31633.58 1360541.03 0.00

### **POST ELECTION DETAILED SUMMARY PAGE**

5/50 FEC Form 3 (Revised 02/2003) Report of Receipts and Disbursements Page 7 Write or Type Committe Name Nita Lowey for Congress 2006 2 7 2 0 0 6 Report the covering period From: To: II. DISBURSEMENTS **COLUMN A COLUMN B COLUMN C** Election Cycle Total as of \* Total for \* Total this period (date after general election) (date of general election) (\* See page 5 for date) Through \* (last day of reporting period) (\* See page 5 for date) 17. OPERATING EXPENDITURES 180703.27 1195631.40 19818.26 18. TRANSFER TO OTHER AUTHORIZED COMMITTIES 0.00 0.00 0.00 19. LOAN PAYMENTS (a) Of Loans Made or Guaranteed by the Candidate 0.00 0.00 0.00 (b) Of All Other Loans 0.00 0.00 0.00 (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b)) 0.00 0.00 0.00 20. REFUNDS OF CONTRIBUTIONS TO: (a) Individuals/Persons Other Than Political Committees 0.00 0.00 5050.00 (b) Political Party Committees

150.00

0.00

0.00

Image# 27931232772

# POST ELECTION DETAILED SUMMARY PAGE

6/50 FEC Form 3 (Revised 02/2003) Report of Receipts and Disbursements Page 8

COLUMN A Total this period		COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	Total for * Through *	COLUMN C (date after general election) (last day of reporting period) (* See page 5 for date)	
	(c) Other political committees (such as PACs)				
	0.00	1250.00		0.00	
	(d) TOTAL CONTRIBUTION REFUNDS (See Lines	20(a), (b) and (c) )			
	0.00	6450.00		0.00	
21.	OTHER DISBURSEMENTS				
	27700.00	430124.00		0.00	
22.	TOTAL DISBURSEMENTS (add lines 17, 18, 19(c),	20(d), and 21)			
	208403.27	1632205.40		19818.26	
	III. NET CONTRIBUTIONS (OTHER THAN LOA		\		
	(Note: Substitute in fleu of Line #6 of Sum	mary Page for this report only; subtract line 20(d)	) from Line (11(e))		
	30395.00	1326952.74		0.00	
	IV. NET OPERATING EXPENDITURES				
	(Note: Substitute in lieu of Line #7 of Sum	mary Page for this report only; subtract line 14 from	om Line 17)		
	180703.27	1195081.51		19818.26	
	V. CASH SUMMAF	RY			
23.	CASH ON HAND AT BEGINING OF REPORTING F	PERIOD		1071939.02	
24.	TOTAL RECEIPTS AT THIS PERIOD (from Line 16	s)		31633.58	
25.	SUBTOTAL(add Line 23 and Line 24)			1103572.60	
26.	TOTAL DISBURSEMENTS AT THIS PERIOD (from			208403.27	
27.	CASH ON HAND AT CLOSE OF REPORTING PER			895169.33	

SCHEDULE A (FEC Form 3 )	Use separate schedule(s)		FOR LINE NUMBER: PAGE 7 / 50 (check only one)		
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	X   11a		
		, 0	12 13a 13b 14 15		
Any information copied from such Reports and Sta or for commercial purposes, other than using the r	atements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.		
NAME OF COMMITTEE (In Full)					
Nita Lowey for Congress					
Full Name (Last, First, Middle Initial)  A. Arvind Agarwal			Date of Receipt		
Mailing Address 30 Fieldstone Court			10 30 7 2006		
City	State	Zip Code	Transaction ID: C7521533		
New City	NY	10956	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		500.00		
Name of Employer Self-Employed	Occupation Physician		Limit Increased Due to Opponent's		
Receipt For: 2006		ycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)		
Primary X General		500.00	1		
Other (specify)	0 0	300.00			
Full Name (Last, First, Middle Initial)  B. L. Agarwal			Date of Receipt		
Mailing Address 19 Barnes Lane	10 30 7 9 9 9				
City	State	Zip Code	Transaction ID: C7521543		
<u>Chappaqua</u>	NY	10514	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		250.00		
Name of Employer Information Requested	Occupation		Limit Ingressed Due to Occasional		
Receipt For: 2006		on Requested cycle-to-Date ▼	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Primary X General			1		
Other (specify)		250.00			
Full Name (Last, First, Middle Initial)  C. Raja R. Amar			Date of Receipt		
Mailing Address 2 Sandyfield Lane			10 30 2006		
City	State	Zip Code	Transaction ID: C7521530		
Stony Point	NY	10980	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		1000.00		
Name of Employer Portables Unlimited	Occupation CEO/Pre		Limit Increased Due to Opponent's		
Receipt For: 2006	Election C	ycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)		
Primary X General	' '	1000.00			
Other (specify) ▼					
SUBTOTAL of Receipts This Page (optional)			1750.00		
TOTAL This Period (last page this line number o	nly)	<b>)</b>			

	CHEDULE A (FEC Form 3 ) EMIZED RECEIPTS	)	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 50 (check only one)  X 11a 11b 11c 11d 11d 12 13a 13b 14 15
Any or f	r information copied from such Reports and or commercial purposes, other than using the	Statements may ne name and add	not be sold or used by any personers of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
١.	NAME OF COMMITTEE (In Full) Nita Lowey for Congress			
A. :	Full Name (Last, First, Middle Initial) Andrew Bronin Mailing Address 4 Rye Ridge Plaza  City Rye Brook  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed	State NY C		Date of Receipt    M
	Receipt For: 2006 Primary X General Other (specify) ▼	Physician Election C	ycle-to-Date ▼ 2100.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
3	Full Name (Last, First, Middle Initial) Geraldine B Goldberg Mailing Address 40 Lincoln Street  City  Larchmont  FEC ID number of contributing federal political committee.  Name of Employer Family Services of Westchester		nent Coordinator	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Receipt For: 2006 Primary X General Other (specify) ▼	Election C	ycle-to-Date ▼ 250.00	Speriding (2 0.3.0. 441a(I)/441a-1)
C	Full Name (Last, First, Middle Initial) Bernard S Gordon  Mailing Address 17 Brookfield Place  City  Pleasantville  FEC ID number of contributing federal political committee.  Name of Employer Rand Rosenzweig Radley & Gordon LLP  Receipt For: 2006  Primary X General	State NY  C Occupation Attorney Election C	ycle-to-Date ▼	Date of Receipt    M   M   D   D   2 0 0 6     Transaction ID: C7524434    Amount of Each Receipt this Period   25.00     Limit Increased Due to Opponent's   Spending (2 U.S.C. 441a(i)/441a-1)
	Other (specify) ▼  JBTOTAL of Receipts This Page (optional)			1875.00
TC	OTAL This Period (last page this line number	er only)		

SCHEDULE A (FEC Form 3			Llaa aanarata aahadula(a)	FOR LINE NUMBER: PAGE 9 / 50	
ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the		(check only one)	
•	EWIZED RECEIPTS		Detailed Summary Page	X   11a   11b   11c   11d	
				12 13a 13b 14 15	
Ar or	y information copied from such Reports and S for commercial purposes, other than using the	Statements may e name and add	r not be sold or used by any pers Iress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.	
$\setminus$	NAME OF COMMITTEE (In Full)				
	Nita Lowey for Congress				
Α.	Full Name (Last, First, Middle Initial) Neena Grewal			Date of Receipt	
	Mailing Address 12 Fieldstone Court			10 30 7 2006	
	City	State	Zip Code	Transaction ID: C7521531	
	New City	NY	10956-6856	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		500.00	
	Name of Employer Self-Employed	Occupation Physician		Limit Increased Due to Opponent's	
	Receipt For: 2006	<del>, '                                   </del>	ycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)	
	Primary X General		500.00	1	
	Other (specify) ▼	0 0	500.00		
В.	Full Name (Last, First, Middle Initial) Justin Israel			Date of Receipt	
	Mailing Address 150 Central Park S. A	10 31 7 2006			
	City	State	Zip Code	Transaction ID: C7520365	
	New York	NY	10019-1566	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		500.00	
	Name of Employer KIDS	Occupation Volunteer		Limit Increased Due to Opponent's	
	Receipt For: 2006	Election C	ycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)	
	Primary X General Other (specify) ▼	0 0	1500.00		
<u> </u>	Full Name (Last, First, Middle Initial) Gulshan L. Jaggi			Date of Receipt	
	Mailing Address 1 Jane Frances Way			10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: C7521546	
	New City	NY	10956	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Avco Enterprises	Occupation President		Limit Increased Due to Opponent's	
	Receipt For: 2006	, .	ycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)	
	Primary X General Other (specify) ▼	0 0	250.00		
s	UBTOTAL of Receipts This Page (optional)			1250.00	
	OTAL This Period (last page this line number	only)			

IT	CHEDULE A (FEC Form 3 ) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 50 (check only one)  X 11a 11b 11c 11d 11d 12 13a 13b 14 15
An or	y information copied from such Reports and S for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Nita Lowey for Congress			
۹.	Full Name (Last, First, Middle Initial) Michael T. Masin Mailing Address 7 Times Square			Date of Receipt
	30th Floor City	State	Zip Code	1 0 3 1 2 0 0 6 Transaction ID: C7520368
	New York	NY	10036	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer O'Melueny Myers, LLP  Receipt For: 2006 Primary X General Other (specify)	Occupation Attorney Election C	opcle-to-Date ▼	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
 3.	Full Name (Last, First, Middle Initial) Ethel H. Mayrsohn	0 0		Date of Receipt
	Mailing Address 34 Brae Burn Drive			1 1 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C7524439
	Purchase	NY	10577	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Information Requested		on Requested	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2006 Primary X General Other (specify)	Election C	cycle-to-Date ▼ 250.00	
<b>D.</b>	Full Name (Last, First, Middle Initial) Sunita Ravikumar			Date of Receipt
	Mailing Address 265 Hardscrabble Roa	ad		10 30 7 2006
	City	State	Zip Code	Transaction ID: C7521537
	Briarcliff FEC ID number of contributing	NY	10510-1802	Amount of Each Receipt this Period
	federal political committee.	Occupation		500.00
	Name of Employer Self-Employed	Limit Increased Due to Opponent's		
	Receipt For: 2006 Primary X General Other (specify)	Election C	Sycle-to-Date ▼ 500.00	Spending (2 U.S.C. 441a(i)/441a-1)
S	UBTOTAL of Receipts This Page (optional)			1250.00
т	OTAL This Period (last page this line number	only)		

	CHEDULE A (FEC Form 3 ) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 11 / 50   (check only one)
Ar	ny information copied from such Reports and S for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any pers dress of any political committee t	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Nita Lowey for Congress			
Α.	Full Name (Last, First, Middle Initial) Gary Reback			Date of Receipt
	Mailing Address 270 Glendale Road			1 1 0 3 2 0 0 6
	City	State	Zip Code	Transaction ID: C7522375
	Scarsdale	NY	10583	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Bear Stearns	Occupation Mortgage		Limit Increased Due to Opponent's
	Receipt For: 2006  Primary X General  Other (specify) ▼	Election C	cycle-to-Date ▼ 4200.00	Spending (2 U.S.C. 441a(i)/441a-1)
В.				Date of Receipt
	Mailing Address 270 Glendale Road	7. 0.1.	11 03 2006	
	City	State	Zip Code	Transaction ID: C7522374
	Scarsdale	NY	10583	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			2100.00
	Name of Employer Information Requested	Occupation Homema		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2006	Election C	Sycle-to-Date ▼	Spending (2 0.3.0. 441a(1)/441a-1)
	Primary X General Other (specify) ▼		2100.00	
<u>с</u> .	Full Name (Last, First, Middle Initial) Arthur Savage	•		Date of Receipt
	Mailing Address 221 Corona Ave			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C7522385
	Pelham	NY	10803	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Self-Employed	Occupation Attorney		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2006 Primary X General Other (specify)	Election C	cycle-to-Date ▼ 900.00	Opending (2 0.0.0. 441a(I)/441a-1)
s	UBTOTAL of Receipts This Page (optional)			2400.00
_	OTAL This Period (last page this line number	only)		

5(	CHEDULE A (FEC Form 3 )		Use separate schedule(s)	FOR LINE NUMBER: PAGE 12/50			
ITEMIZED RECEIPTS			or each category of the	(check only one)			
• •			Detailed Summary Page	X   11a			
۸r	ny information copied from such Reports and Statem	nonte may	not be cold or used by any perso				
or	for commercial purposes, other than using the name	e and add	lress of any political committee to	solicit contributions from such committee.			
$\overline{\ }$	NAME OF COMMITTEE (In Full)						
$\rangle$	Nita Lowey for Congress						
_							
Δ.	Full Name (Last, First, Middle Initial) Carmine Scimia			Date of Receipt			
	Mailing Address 20 Little John Place			M M / D D / Y Y Y Y			
				11 07 2006			
		State	Zip Code	Transaction ID: C7524436			
	White Plains	NY	10605	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		100.00			
	Name of Employer	occupation	1	4			
	Information Reduceted		on Requested	Limit Increased Due to Opponent's			
			ycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)			
	Primary X General	-	000.00				
	Other (specify) ▼	0 0	300.00				
3.	Full Name (Last, First, Middle Initial) Bipin Shah			Date of Receipt			
	Mailing Address 21 Fieldstone Court			M M / D D / Y Y Y Y			
				10 30 2006			
	•	State	Zip Code	Transaction ID: C7521534			
	New City	NY	10956-6855	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		500.00			
	Name of Employer C	ccupation	1	┪			
	Colf Employed	harmaci		Limit Increased Due to Opponent's			
		Election C	ycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)			
	Primary X General		500.00				
	Other (specify) ▼	0 0					
`	Full Name (Last, First, Middle Initial) Rakesh Shreedhar			Date of Receipt			
٠.	Mailing Address 11 Deforest Ct			M M / D D / Y Y Y Y			
				10 30 2006			
		State	Zip Code	Transaction ID: C7521532			
	West Nyack	NY	10994	Amount of Each Receipt this Period			
	FEC ID number of contributing	С		500.00			
	federal political committee.	<u> </u>					
	Solf Employed	ccupation		7			
		hysician		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)			
		Election C	ycle-to-Date ▼	Spending (2 8.8.8. 441a(1)/441a 1)			
	Primary X General Other (specify)		500.00				
		0 0	0 0 0 0 0 0 0				
	1400 00						
s	UBTOTAL of Receipts This Page (optional)		<u> </u>	1100.00			
_	OTAL This Period (last page this line number only)						
	A FEBRUARY CONTRACTOR OF THE TIME TO THE TOTAL CONTRACTOR OF THE TOTAL CONTRACTOR OF THE TIME TO THE T						

SCHEDULE A (FEC Form 3		<b>)</b>		FOR LINE NUMBER: PAGE 13 / 50			
ITEMIZED RECEIPTS		′	Use separate schedule(s) or each category of the	(check only one)			
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 11d			
				12 13a 13b 14 15			
Ar or	y information copied from such Reports an for commercial purposes, other than using	d Statements may the name and add	not be sold or used by any pers dress of any political committee t	on for the purpose of soliciting contributions o solicit contributions from such committee.			
$\setminus$	NAME OF COMMITTEE (In Full)						
	Nita Lowey for Congress						
A.	Full Name (Last, First, Middle Initial) Bangalore Sridhara			Date of Receipt			
	Mailing Address 9 Camelot Way			10 30 2006			
	City	State	Zip Code	Transaction ID: C7521535			
	Orangeburg	NY	10962	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		500.00			
	Name of Employer Self-Employed	Occupation Physician		Limit Increased Due to Opponent's			
	Receipt For: 2006		ycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)			
	Primary X General	1 1	500.00	7			
	Other (specify) ▼	0 0	500.00				
В.	Full Name (Last, First, Middle Initial) Ann Tenenbaum	•		Date of Receipt			
	Mailing Address 322 East 57th Stree	et		11 07 2006			
	City	State	Zip Code	Transaction ID: C7524440			
	New York	NY	10022	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		1000.00			
	Name of Employer	Occupation	1				
	N/A	Homema	ker	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)			
	Receipt For: 2006	Election C	ycle-to-Date ▼	Spending (2 0.3.0. 44 ra(i)/44 ra-1)			
	Primary X General Other (specify) ▼	0 0	1000.00				
— С.	Full Name (Last, First, Middle Initial) Surinder Wadyal	l		Date of Receipt			
	Mailing Address 64 Pine Hollow Roa	d		10 30 2006			
	City	State	Zip Code	Transaction ID: C7521541			
	Oyster Bay	NY	11771	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		250.00			
	Name of Employer Self-Employed	Occupation Veterinar		Limit Increased Due to Opponent's			
	Receipt For: 2006		ycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)			
	Primary X General		250.00	7			
_	Other (specify)	0 0		_			
s	UBTOTAL of Receipts This Page (optiona	)		1750.00			
Т	TOTAL This Period (last page this line number only)						

Other (specify)

PAGE 14/50 FOR LINE NUMBER: SCHEDULE A (FEC Form 3) Use separate schedule(s) (check only one) or each category of the **ITEMIZED RECEIPTS** 11a 11b 11c 11d **Detailed Summary Page** 12 13a 13b 14 15 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Nita Lowey for Congress Full Name (Last, First, Middle Initial) A. Eric D. Witkin Date of Receipt Mailing Address 103 Wendover Lane 1.1 02 2006 City State Zip Code Transaction ID: C7521857 NY 10580 Rye Amount of Each Receipt this Period FEC ID number of contributing 1000.00 C federal political committee. Name of Employer Brown Raysman et al Occupation Limit Increased Due to Opponent's Attorney Spending (2 U.S.C. 441a(i)/441a-1) Receipt For: 2006 Election Cycle-to-Date Primary X General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Robert Wolf Date of Receipt Mailing Address 9 Westerleigh Rd. 19 2006 City State Zip Code Transaction ID: C6842117 **Purchase** NY 10577 Amount of Each Receipt this Period FEC ID number of contributing C 2000.00 federal political committee. Name of Employer UBS-IB Occupation COO Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) Receipt For: 2006 Election Cycle-to-Date Primary X General

2000.00

SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	3000.00
TOTAL This Period (last page this line number only)	<b>•</b>	14375.00

	CHEDULE A (FEC Form 3 ) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 15 / 50   (check only one)
Ar	ny information copied from such Reports and State for commercial purposes, other than using the na	ements may	not be sold or used by any pers	on for the purpose of soliciting contributions
Š	NAME OF COMMITTEE (In Full) Nita Lowey for Congress	ino ana aac	areas of any political committee to	y donoit dontinuations from ducin dontinuitee.
Α.	Full Name (Last, First, Middle Initial) American Academy of Nurse Practitioners PAC Mailing Address PO Box 40473  City Washington  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: 2006 Primary X General	Occupation	Sycle-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<u> </u>	Other (specify)  Full Name (Last, First, Middle Initial) American Association for Geriatric Psychiatry PAC	0 0	500.00	Date of Receipt
	Mailing Address 7910 Woodmont Avenue Suite 1050  City  Bethesda  FEC ID number of contributing federal political committee.	State MD	Zip Code 20814	Transaction ID: C7521852  Amount of Each Receipt this Period  500.00
	Name of Employer  Receipt For: 2006  Primary X General  Other (specify) ▼	Occupation C	Sycle-to-Date ▼	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
C.	Full Name (Last, First, Middle Initial) American Dental Political Action Committee  Mailing Address 1111 14th Street NW #1	Date of Receipt  1 0 3 0 7 2 0 0 6		
	City	State	Zip Code	Transaction ID: C7521552
	Washington  FEC ID number of contributing federal political committee.	C COO	20005	Amount of Each Receipt this Period  2000.00
	Name of Employer  Receipt For: 2006  Primary X General  Other (specify) ▼	Occupation C	ycle-to-Date ▼  7000.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
s	UBTOTAL of Receipts This Page (optional)			3000.00
Т	OTAL This Period (last page this line number on	ly)		

	CHEDULE A (FEC Form 3 ) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 16 / 50   (check only one)
Ar	ny information copied from such Reports and S for commercial purposes, other than using the	tatements may	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Nita Lowey for Congress		,,,	
Α.	Full Name (Last, First, Middle Initial) American Medical Association Political Action Co	mm		Date of Receipt
	Mailing Address 1101 Vermont Avenue	NW, 12th F	L	1 1 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Washington	State DC	Zip Code 20005	Transaction ID: C7524442  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	<b>C</b> C00	0000422	1000.00
	Name of Employer	Occupation	n	Limit Increased Due to Opponent's
	Receipt For: 2006  Primary X General  Other (specify) ▼	Election C	Sycle-to-Date ▼ 2000.00	Spending (2 U.S.C. 441a(i)/441a-1)
В.	Full Name (Last, First, Middle Initial) Dairy Farmers of America, Inc. DEPAC			Date of Receipt
	Mailing Address P O BOX 909700	Ctata	7:n Codo	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City KANSAS CITY	State MO	Zip Code 64190	Transaction ID: C7522372  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	<b>C</b> C00	0001388	1000.00
	Name of Employer	Occupation	n	Limit Increased Due to Opponent's
	Receipt For: 2006  Primary X General  Other (specify) ▼	Election C	Cycle-to-Date ▼ 1000.00	Spending (2 U.S.C. 441a(i)/441a-1)
<u> </u>	Full Name (Last, First, Middle Initial) Laborers' Political League-Laborers' International			Date of Receipt
	Mailing Address 905 16th Street NW			10 D D / Y Y Y Y Y Y Y 2006
	City	State	Zip Code	Transaction ID: C6849169
	Washington  FEC ID number of contributing federal political committee.	<b>C</b> C00	20006 0007922	Amount of Each Receipt this Period  5000.00
	Name of Employer	Occupation	n	Limit Increased Due to Opponent's
	Receipt For: 2006  Primary X General  Other (specify) ▼	Election C	Sycle-to-Date ▼ 7500.00	Spending (2 U.S.C. 441a(i)/441a-1)
s	UBTOTAL of Receipts This Page (optional)			7000.00
Т	OTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 50 (check only one)  11a 11b X 11c 11d 12 13a 13b 14 15			
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements mage name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.			
NAME OF COMMITTEE (In Full)  Nita Lowey for Congress						
Full Name (Last, First, Middle Initial)  NATIONAL MARINE MANUFACTURERS ASSO  Mailing Address 444 North Capitol Stre		TICA	Date of Receipt			
Suite 645		7in Onda	10 26 2006			
City Washington	State DC	Zip Code 20001	Transaction ID: C7519166  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	<b>C</b> C0	0245548	1000.00			
Name of Employer	Occupatio	n	Limit Increased Due to Opponent's			
Receipt For: 2006 Primary X General Other (specify)	Election C	Cycle-to-Date ▼ 1000.00	Spending (2 U.S.C. 441a(i)/441a-1)			
Full Name (Last, First, Middle Initial) Orthopeadic PAC Mailing Address 317 Masschusetts Ave	Date of Receipt					
			11 07 2006			
City Washington	State DC	Zip Code 20002	Transaction ID: C7524443  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	FEC ID number of contributing					
Name of Employer	Occupatio	n	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)			
Receipt For: 2006  Primary X General  Other (specify) ▼	Election C	Cycle-to-Date ▼ 2500.00	Sperium (2 0.3.0. 441a(1)/441a-1)			
Full Name (Last, First, Middle Initial)  Realtors Political Action Committee			Date of Receipt			
Mailing Address 430 North Michigan A	venue		11 03 7 2006			
City <u>Chicago</u>	State II	Zip Code 60611	Transaction ID: C7522758			
FEC ID number of contributing federal political committee.	<u> </u>	0030718	Amount of Each Receipt this Period  1000.00			
Name of Employer	Occupatio	n	Limit Insuranced Day to Occasional			
Receipt For: 2006 Primary X General Other (specify)	Election C	Cycle-to-Date ▼ 10000.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)			
SUBTOTAL of Receipts This Page (optional)			4500.00			
TOTAL This Period (last page this line number	only)	b	14500.00			

PAGE 18/50 FOR LINE NUMBER: SCHEDULE A (FEC Form 3) Use separate schedule(s) (check only one) or each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 12 13a 13b X 15 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Nita Lowey for Congress Full Name (Last, First, Middle Initial) Chase Manhattan Bank Date of Receipt Mailing Address 349 Fifth Avenue 10 31 2006 City State Zip Code Transaction ID: C8288974 New York NY 10016-0001 Amount of Each Receipt this Period FEC ID number of contributing 27.38 C federal political committee. Name of Employer Occupation Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) Receipt For: 2006 Election Cycle-to-Date Primary X General 384.97 Other (specify) Full Name (Last, First, Middle Initial) B. Citibank, N.A. Date of Receipt Mailing Address PO Box 5870 3 1 2006 City Zip Code State Transaction ID: C8288975 **New York** NY 10163 Amount of Each Receipt this Period FEC ID number of contributing C 1211.20 federal political committee. Name of Employer Occupation Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) Receipt For: 2006 Election Cycle-to-Date Primary X General 26203.43 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	1238.58
TOTAL This Period (last page this line number only)	<u> </u>	1238.58

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	CHEDULE B (FEC Form 3)	Use seperate so		FOR LINE (check only	E NUMBER: PAGE 19 / 50								
IT	EMIZED DISBURSEMENTS	for each categor Detailed Summa		l `	X 17 20a	18	8 0b	19a	-	19b 21			
	y Information copied from such Reports and Statem for commercial purposes, other than using the name												
$\overline{\ }$	NAME OF COMMITTEE (In Full)												
$\backslash$	Nita Lowey for Congress												
۹.	Full Name (Last, First, Middle Initial) American Express Merchant Services	Transaction ID: D135857 Date of Disbursement											
	Mailing Address PO Box 53852				$\begin{array}{c ccccccccccccccccccccccccccccccccccc$								
	,	State Zip C AZ 850			Amour	nt of E	ach [	Disburs	emen	t this Period			
	Purpose of Disbursement Merchant Fees		Г		Be	fund o	or Dis	posal o	of Exce	5.00			
	Candidate Name			Category/ Type	L Co		tions	Requir					
	Senate President	ment For: Primary Other (specify)	General										
	State: District:												
3.	Full Name (Last, First, Middle Initial) American Express Merchant Services				Transa Date o	of Disb	ourser	ment					
	Mailing Address PO Box 53852				11	М /	<sup>D</sup> 0	6 /	ž	0 0 6			
	,	State Zip C AZ 850			Amour	nt of E	ach [	Disburs	emen	t this Period			
	Purpose of Disbursement Merchant Fees		Г		Re	fund o	or Dis	posal o	of Exce	4.50 ess			
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53					der			
	Office Sought: House Disburse Senate President	ment For: Primary Other (specify)	General										
	State: District:												
Э.	Full Name (Last, First, Middle Initial) AMS Communications, Inc.				Transa Date o	of Disb	urser	ment					
	Mailing Address 500 Sansome St, Ste 20	 [			10	М /	<sup>D</sup> 3	<sup>D</sup> /	ž	0 0 6			
	,	State Zip C CA 941			Amour	nt of E	ach [	Disburs		t this Period			
	Purpose of Disbursement			•					13	3054.00			
	Direct mail design and postage  Candidate Name			Category/	L Co		tions	posal o Requir ).53					
	Office Sought: House Disburse Senate President	ment For: Primary Other (specify)	General										
	State: District:	(- )/	•										
s	UBTOTAL of Disbursements This Page (optional) .			▶					13	063.50			

50	CHEDULE B (FEC Form 3)	Use sepe	rate schedule(s)	-	NUMBER:	PAGE 20 / 50
ΙT	EMIZED DISBURSEMENTS	for each o	category of the Summary Page	(check only	X 17 18 1	19a 19b 20c 21
	y Information copied from such Reports and Statem for commercial purposes, other than using the name					
$\rangle$	NAME OF COMMITTEE (In Full) Nita Lowey for Congress					
Α.	Full Name (Last, First, Middle Initial)				Transaction ID: D13	
-1.	AMS Communications, Inc.  Mailing Address 500 Sansome St, Ste 201		Date of Disbursemen	Y 2006		
	City	State	Zip Code		Amount of Each Disb	ursement this Pariod
		CA	94111		Amount of Lacin bisb	
	Purpose of Disbursement Direct mail design and postage				Refund or Dispos	
	Candidate Name			Category/ Type	Contributions Red 11 C.F.R. 400.53	uirea Onder
	Office Sought: House Disburse Senate President	ment For: Primary Other (spe	General cify) ▼			
	State: District:					
В.	Full Name (Last, First, Middle Initial) AMS Communications, Inc.				Transaction ID: D13 Date of Disbursemen	t
	Mailing Address 500 Sansome St, Ste 201	1			10 / 24	2006
	,	State CA	Zip Code 94111		Amount of Each Disb	
	Purpose of Disbursement Direct mail design and postage			0 0	Refund or Dispos	26919.00
	Candidate Name			Category/ Type	Contributions Req 11 C.F.R. 400.53	
	Senate President	ment For: Primary Other (spe	General cify) ▼			
	State: District: Full Name (Last, First, Middle Initial)				Turner dies ID D40	
C.	Beta Parking				Transaction ID: D13 Date of Disbursemen	t
	Mailing Address 545 5th Avenue				$\begin{bmatrix} 1 & 1 & 1 \end{bmatrix}$	2006
		State NY	Zip Code 10017		Amount of Each Disb	ursement this Period
	Purpose of Disbursement Monthly Parking			• •	Refund or Dispos	200.00
	Candidate Name			Category/ Type	Contributions Rec	
	Office Sought: House Disburse Senate President State: District:	ment For: Primary Other (spe	General cify) ▼			
	UBTOTAL of Disbursements This Page (optional) .			<b>.</b>		83755.00
	ODITAL OF DISDUISORIER THIS FAGE (OPHORA).			<u>\</u>		
T	<b>OTAL</b> This Period (last page this line number only)					

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SCHEDULE B (FEC Form 3 )			erate schedule(s)		-	E NUMBER: PAGE 21 / 50							
ITEMIZED DISBURSEMENTS for each category of the Detailed Summary Page				(check only	17 20a		18 20b	П	19a [ 20c	19b 21			
	y Information copied from such Reports an for commercial purposes, other than using												
$\setminus$	NAME OF COMMITTEE (In Full)												
V	Nita Lowey for Congress												
Α.	Full Name (Last, First, Middle Initial) Chase Manhattan Bank						Date		sburs		35856 nt	ž 0 0 6 °	
	Mailing Address 349 Fifth Avenue	!		1 0		-	2 1		2006				
	City New York		State NY	Zip Code 10016-0001			Amou	nt of	Each	Disk	oursem	ent this Peri	od
	Purpose of Disbursement Bank Service Charges										al of E		Щ
	Candidate Name					ategory/ Type			ution .R. 40		quired B	Under	
	Office Sought: House Senate President	Disburse	ment For: Primary Other (spe	General ecify) ▼									
	State: District:												
В.	Full Name (Last, First, Middle Initial) Chase Merchant Services						Date	of Di	sburs	emer	36062 nt		
	Mailing Address 45 Knollwood Ro	ad					1 1	M /	D (	2	/ Y	2006	
	City Elmsford		Amou	nt of	Each	Dist	oursem	ent this Peri	od				
	Purpose of Disbursement Merchant Fees		• •	Re	efunc	d or D	ispos	al of E	77.20 xcess				
	Candidate Name		ategory/ Type	11 C E D 100 E2				Under					
	Office Sought: House Senate President	Disburse	ment For: Primary Other (spe	General ecify) ▼									
	State: District:												
C.	Full Name (Last, First, Middle Initial) Child Care Council of Westchester	, Inc.					Date	of Di	sburs	emer	35809 nt		
	Mailing Address 470 Mamaroneck	( Ave					1 <sup>M</sup> 0	M /	D 2	26	/ Y	ž 0 0 6 °	
	City White Plains		State NY	Zip Code 10605			Amou	nt of	Each	Dist	oursem	ent this Peri	od
	Purpose of Disbursement											500.00	
	Journal Advertisement  Candidate Name	ategory/	L Co	ontrib		s Re	al of E quired						
	Office Sought: House Senate President	Disburse	ment For: Primary Other (spe	General		Туре							
_	State: District:		Outer (Spe	Jony) ▼									
s	UBTOTAL of Disbursements This Page (	optional) .				▶						588.90	

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	CHEDULE B (FEC Form 3 ) EMIZED DISBURSEMENTS	rate schedule(s)	FOR LINE (check only	NUMBER: PAGE 22 / 50 y one)						
	EMIZED DISBURSEMENTS		Summary Page		X 17 18 19a 19b 20a 20b 20c 21					
	y Information copied from such Reports and Statem for commercial purposes, other than using the name									
	NAME OF COMMITTEE (In Full) Nita Lowey for Congress									
Α.	Full Name (Last, First, Middle Initial) CTS Holdings, LLC				Transaction ID: D135867 Date of Disbursement					
	Mailing Address 2525 Horizon Lake Drive	, Suite 120	)		1 1 M M / D D D / Y Y Y O O G Y					
	,	State TN	Zip Code 38133		Amount of Each Disbursement this Period					
	Purpose of Disbursement Merchant Fee				35.00  Refund or Disposal of Excess					
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53					
	Office Sought: House Disburse Senate President	ement For: Primary Other (spec	General							
	State: District:									
В.	Full Name (Last, First, Middle Initial) Deer Park Spring Water				Transaction ID: D135864 Date of Disbursement					
	Mailing Address Processing Center PO Box 52271		1 1 M							
	,	State AZ	Zip Code 85072-2271		Amount of Each Disbursement this Period					
	Purpose of Disbursement Office Supplies				20.49  Refund or Disposal of Excess					
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53					
	Senate President	ement For: Primary Other (spec	General							
	State: District: Full Name (Last, First, Middle Initial)									
C.	Sarah Eckstein				Transaction ID: D135863 Date of Disbursement					
	Mailing Address 15 Carlin Street				1 1 M / D D / Y Y Y O O G Y					
		State CT	Zip Code 06851		Amount of Each Disbursement this Period					
	Purpose of Disbursement Health Insurance Reimbursement				65.33					
	Candidate Name			Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53					
	Office Sought: House Disburse Senate President	ment For: Primary Other (spec	General							
	State: District:	(5 500	<i>→</i> / <b>▼</b>							
S	UBTOTAL of Disbursements This Page (optional)			<b>&gt;</b>	120.82					

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	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use seperate sche for each category o Detailed Summary	f the	(check only	NUMBER: PAGE 23 / 50 y one)  X 17 18 19a 19b				
_			,		20a 20b 20c 21				
	y Information copied from such Reports and St for commercial purposes, other than using the								
$\vdash$	NAME OF COMMITTEE (In Full)	71							
$ \rangle$	Nita Lowey for Congress								
Α.	Full Name (Last, First, Middle Initial)				Transaction ID: D135870				
A.	Sarah Eckstein	Date of Disbursement							
	Mailing Address 15 Carlin Street		111						
	City Norwalk		Amount of Each Disbursement this Period						
	Purpose of Disbursement		1077.64						
	Payroll				Refund or Disposal of Excess				
	Candidate Name			ategory/ Type	Contributions Required Under 11 C.F.R. 400.53				
	Office Sought: House Disk Senate President	ursement For:  Primary Ge  Other (specify) ▼	neral						
	State: District:								
В.	Full Name (Last, First, Middle Initial) Sarah Eckstein				Transaction ID: D135851 Date of Disbursement				
	Mailing Address 15 Carlin Street				10				
	City Norwalk	State Zip Code CT 06851	e		Amount of Each Disbursement this Period				
	Purpose of Disbursement Payroll Expense				1077.64				
	Candidate Name			ategory/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53				
	Office Sought: House Disk	ursement For:	neral						
	President	Other (specify)							
_	State: District:								
C.	Full Name (Last, First, Middle Initial) Sarah Eckstein				Transaction ID: D135880 Date of Disbursement				
	Mailing Address 15 Carlin Street				$\begin{bmatrix} \begin{smallmatrix} M & 1 & M \\ 1 & 1 & M \end{smallmatrix} & / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 2 \end{smallmatrix} \end{bmatrix} & \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{bmatrix} \end{bmatrix}$				
	City Norwalk	State Zip Code CT 06851	Э		Amount of Each Disbursement this Period				
	Purpose of Disbursement	01 00031			125.00				
	Petty Cash				Refund or Disposal of Excess				
	Candidate Name			ategory/ Type	Contributions Required Under 11 C.F.R. 400.53				
	Office Sought: House Disk Senate President		neral						
	State: District:	Other (specify)							

2280.28

SUBTOTAL of Disbursements This Page (optional) .....

SCHEDULE B (FEC Form 3 )   Use separate schedule(s) for each category of the broad sate properties of the category of the broad sate properties of the category of the broad sate properties of the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such reports and Statements may not be said or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee	Ŭ	E# 21 33 12321 30								
Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soldcating contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee or solicit contributions from such cont		•	for each	category of the	(check only	y one) X 17				
Nita Lowey for Congress  A Full Name (Last, First, Middle Initial) FEDEX  Mailing Address PO BOX 1140  City State Zip Code Memphis TN 38101 Purpose of Disbursement Deliveries Candidate Name  Office Sought: House President State: District:  Full Name (Last, First, Middle Initial) FEDEX  Mailing Address PO BOX 1140  City State Zip Code TN 38101  Fresident State: District:  Full Name (Last, First, Middle Initial) FEDEX  Mailing Address PO BOX 1140  City State Zip Code TN 38101  Furpose of Disbursement Deliveries Candidate Name  Office Sought: House Senate Primary General Disbursement For: State: District:  Full Name (Last, First, Middle Initial) FEDEX  Mailing Address PO BOX 1140  City State Zip Code TN 38101  Furpose of Disbursement Deliveries Candidate Name  Office Sought: House Disbursement For: State: District:  Full Name (Last, First, Middle Initial)  Crity State Zip Code TN 38101  Furpose of Disbursement Deliveries Candidate Name  Office Sought: House Disbursement For: State: District:  Full Name (Last, First, Middle Initial)  Crity State Zip Code TN 38101  Furpose of Disbursement Deliveries  Category' Type  Transaction ID: D135849  Factured or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Transaction ID: D135849  Factured or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Amount of Each Disbursement Tip Primary General Primar										
A FEDEX  Mailing Address PO BOX 1140  City State Zip Code TN 38101  Purpose of Disbursement Deliveries Candidate Name  Office Sought: House State Primary General President Deliveries Candidate Name  Office Sought: House Disbursement District:  Full Name (Last, First, Middle Initial) FEDEX  Mailing Address PO BOX 1140  City State Zip Code TN 38101  Purpose of Disbursement Deliveries Candidate Name  Office Sought: House Disbursement For: State Zip Code TN 38101  Purpose of Disbursement Deliveries Candidate Name  Office Sought: House Disbursement For: Senate Primary General Primary Gen	$\rangle$	, ,								
City Memphis TN 38101  Purpose of Disbursement Deliveries Candidate Name  Office Sought: House Senate President District:  Full Name (Last, First, Middle Initial)  Purpose of Disbursement For: Senate President Deliveries Cardidate Name  City State Zip Code Memphis TN 38101  Purpose of Disbursement Deliveries Candidate Name  Other (specify) ▼  Transaction ID: D135889 Date of Disbursement Tiperiod  Amount of Each Disbursement this Period  Transaction ID: D135889 Date of Disbursement Tiperiod  Amount of Each Disbursement this Period  Transaction ID: D135889 Date of Disbursement this Period  Amount of Each Disbursement this Period  Transaction ID: D135849 Date of Disbursement this Period  Transaction ID: D135849 Date of Disbursement ID: D135849 Date of Disbursement ID: D135849 Date of Disbursement In Inc. Fill Name (Last, First, Middle Initial)  FEDEX  Mailing Address PO BOX 1140  City State Zip Code Tiperiod  Memphis Tiperiod  Transaction ID: D135849 Date of Disbursement Inc. Transac	Α.	FEDEX				Date of Disbursement				
Office Sought:		City Memphis Purpose of Disbursement				149.04				
B. FEDEX  Mailing Address PO BOX 1140  City Memphis State:  District:  Full Name (Last, First, Middle Initial)  City Memphis  To State Zip Code Thouse Other (specify)  Mailing Address PO BOX 1140  Transaction ID: D135849 Date of Disbursement this Period  Amount of Each Disbursement this Period  Amount of Each Disbursement this Period  Category/ Type  Category/ Type  Category/ Type  Category/ Type  Category/ Type  Transaction ID: D135849 Date of Disbursement this Period  Transaction ID: D135849 Date of Disbursement  Disbursement  Mailing Address PO BOX 1140  City Memphis Thouse Thouse Category/ Type  Category/ Type  Category/ Type  Amount of Each Disbursement  Mailing Address PO BOX 1140  City Memphis Thouse Category/ Type  Category/ Type  Category/ Type  Category/ Type  Category/ Type  Contributions Required Under  11 C.F.R. 400.53  Amount of Each Disbursement this Period  Amount of Each Disbursement this Period  Category/ Type  Contributions Required Under  11 C.F.R. 400.53		Office Sought: House Di Senate President	Primary							
Memphis TN 38101  Purpose of Disbursement Deliveries Candidate Name  Office Sought: House President State: District:  C. FEDEX  Mailing Address PO BOX 1140  City Memphis TN 38101  Purpose of Disbursement Deliveries Candidate Name  Category/ Type  Disbursement For: Senate Primary General Other (specify) ▼  Transaction ID: D135849 Date of Disbursement  Mo M / D D D / Y Y O D O O  Amount of Each Disbursement this Period  Amount of Each Disbursement this Period  Af7.61  Refund or Disposal of Excess Contributions Required Under  1 0 M / D D D O O O  Amount of Each Disbursement this Period  Af7.61  Refund or Disposal of Excess Contributions Required Under  11 C.F.R. 400.53	В.	FEDEX				Date of Disbursement				
State: District:  Full Name (Last, First, Middle Initial) FEDEX  Mailing Address PO BOX 1140  City State Zip Code Memphis TN 38101  Purpose of Disbursement Deliveries Candidate Name  Office Sought: House Senate Primary General Other (specify)  State: District:  Transaction ID: D135849 Date of Disbursement  Amount of Each Disbursement this Period  47.61  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		Memphis Purpose of Disbursement Deliveries Candidate Name  Office Sought: House Senate	sbursement For:	38101  General	0 ,	35.19  Refund or Disposal of Excess Contributions Required Under				
Memphis TN 38101  Purpose of Disbursement Deliveries Candidate Name  Category/ Type  Office Sought: House Senate Primary General President State: District:    Disbursement For:   Primary General   President   Primary General	<b>C</b> .	State: District: Full Name (Last, First, Middle Initial) FEDEX	Utilei (spe	ecity) 🔻		Date of Disbursement				
SURTOTAL of Dishursements This Page (optional)		Memphis Purpose of Disbursement Deliveries Candidate Name  Office Sought: House Senate President	sbursement For:	38101  General		47.61  Refund or Disposal of Excess Contributions Required Under				
•	<u> </u>	IIRTOTAL of Dishursements This Page (ont	ional)			231.84				

SCHEDULE B (FEC Form 3 )			3)	llee een	erate schedule(s)	FOR LINE	NUMBER: PAGE 25 / 50									
IT	EMIZED DIS	SBURSEMEN'	TS	for each	category of the Summary Page		(check onl	X 1			18 20	,		19a 20c		19b 21
		ed from such Reports a						for the	e pu		se o	f sc		ating o		ibutions
abla	NAME OF COM	MITTEE (In Full)														
$ \rangle$	Nita Lowey for	Congress														
Α.	Full Name (Last, FEDEX	First, Middle Initial)						Da	ate c	of D	isbu	rse	eme			
	Mailing Address PO BOX 1140							$\begin{array}{c ccccccccccccccccccccccccccccccccccc$								
	City Memphis			tate N	Zip Code 38101			Amount of Each Disbursement this Period								
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	Candidate Name	Candidate Name Category/ Type									buti F.R.			equire 53	d Ur	der
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В.	Full Name (Last, FEDEX	First, Middle Initial)							ans ate c		-		_	1358 ent	75	
	Mailing Address	PO BOX 1140							м I <b>1</b>	М	′	2	0	/	2	006
	City Memphis			tate N	Zip Code 38101			Ar	nou	nt o	f Ea	ch	Di	sburse	emer	t this Period
	Purpose of Disbursement Deliveries							Refund or Disposal of Excess				45.25 ess				
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	Office Sought:	House Senate President		nent For: Primary Other (spe	General											
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C.	Full Name (Last, FEDEX	First, Middle Initial)							ans ate c					13580 ent	35	
	Mailing Address	PO BOX 1140							м   <b>1</b>	М	′	0	5	/	Ý Ž	006
	City Memphis			tate N	Zip Code 38101			Ar	nou	nt o	f Ea	ch	Di	sburse	emer	t this Period
	Purpose of Disbu	rsement					* * *									82.90
	Deliveries Candidate Name						ategory/ Type		Co	ntri		ons	s R	osal of equire 53		
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	State:	District:		Cirici (Spi	Jon'y) ▼											
s	<b>UBTOTAL</b> of Disb	oursements This Page	(optional)				•		_	•					_	139.56

رو	CHEDIII E B (EEC Form 2 )			
	CHEDULE B (FEC Form 3 )	Use seperate schedule(s)	FOR LINE (check only	NUMBER: PAGE 26 / 50 one)
Ш	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	l `	X 17 18 19a 19b 20a 20b 20c 21
	y Information copied from such Reports and State for commercial purposes, other than using the nan			
	NAME OF COMMITTEE (In Full) Nita Lowey for Congress			
Α.	Full Name (Last, First, Middle Initial) Fine Arts Orchestral Society  Mailing Address 67 Rumsey Road			Transaction ID: D135831 Date of Disbursement  M O M / D D D / Y Y Y O O D
	City Yonkers Purpose of Disbursement	State Zip Code NY 10705		Amount of Each Disbursement this Period
	Journal Advertisement  Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought:    House   Disburs	ement For:  Primary General  Other (specify)		
В.	Full Name (Last, First, Middle Initial) FMBS Merchant Services			Transaction ID: D135859 Date of Disbursement
	Mailing Address 2 Westbrook Drive Suite	200		$\begin{bmatrix} \begin{smallmatrix} M & I & M \\ I & I & M \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} D & D & D \\ D & D \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Q & Q & G \\ Y & Z & D & Q & G \end{bmatrix} $
	City Westchester	State Zip Code IL 60154		Amount of Each Disbursement this Period
	Purpose of Disbursement Merchant Fees Candidate Name		Category/	Refund or Disposal of Excess Contributions Required Under
	Office Sought:  House Senate President  State:  Disburs	ement For: Primary General Other (specify)	Туре	11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Ford Credit			Transaction ID: D135845 Date of Disbursement
	Mailing Address PO Box 220564			$\begin{bmatrix} \begin{smallmatrix} M & O & M \\ 1 & O & M \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 9 \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Q & Q & G \\ Y & 2 & O & Q & G \end{bmatrix}$
	City Pittsburgh	State         Zip Code           PA         15257-2564		Amount of Each Disbursement this Period
	Purpose of Disbursement Monthly Car Lease		October /	Refund or Disposal of Excess Contributions Required Under
	Candidate Name	oment For	Category/ Type	11 C.F.R. 400.53
	Office Sought: House Disburs Senate President	ement For: Primary General Other (specify)		
	State: District:			
s	UBTOTAL of Disbursements This Page (optional)			485.99

S	CHEDULE B (FEC Form 3	)	FOR LINE	NUMBER: PAGE 27/50							
	EMIZED DISBURSEMENT	Use sep	erate schedule(s) category of the	(check only							
_		Detailed	Summary Page	X	X 17 18 19a 19b 20a 20b 20c 21						
	y Information copied from such Reports an for commercial purposes, other than using										
Λ	NAME OF COMMITTEE (In Full)										
V	Nita Lowey for Congress										
Α.	Full Name (Last, First, Middle Initial) G.E. Capital				Transaction ID: D135846 Date of Disbursement						
	Mailing Address PO BOX 642111		10 M / 29 / Y 2006								
	City Pittsburgh	State PA	Zip Code 15264		Amount of Each Disbursement this Period						
	Purpose of Disbursement Equipment Rental				202.21  Refund or Disposal of Excess						
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53						
	Senate President	Disbursement For: Primary Other (sp	General ecify) ▼								
	State: District:										
В.	Full Name (Last, First, Middle Initial) G.E. Capital				Transaction ID: D135877 Date of Disbursement						
	Mailing Address PO BOX 642111		1 1 M / 2 0 / Y 2 0 0 6 Y								
	City Pittsburgh	State PA	Zip Code 15264		Amount of Each Disbursement this Period						
	Purpose of Disbursement Equipment Rental				180.21  Refund or Disposal of Excess						
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53						
	Senate	Disbursement For: Primary	General								
	State: President  District:	Other (sp	ecity) 🔻								
_	Full Name (Last, First, Middle Initial)				Transaction ID: D135810						
C.	Harrison Children's Center				Date of Disbursement						
	Mailing Address 11 Soulard Street				10 M / D 2 B / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
	City Harrison	State NY	Zip Code 10528		Amount of Each Disbursement this Period						
	Purpose of Disbursement Journal Advertisement				400.00						
	Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53							
	Office Sought: House Senate President	Disbursement For: Primary Other (spe	General	75-2							
	State: District:	Other (sp	oony) ♥								
s	UBTOTAL of Disbursements This Page (c	pptional)		<u></u>	782.42						

TITEMIZED DISBURSEMENTS  ITTEMIZED DISBURSEME					
Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee to for for commercial purposes, other than using the name and address of any political committee to solicit contributions from such con		· · · · · · · · · · · · · · · · · · ·	for each category of the	(check only	y one) X 17
NAME OF COMMITTEE (In Full) Nita Lowey for Congress  Full Name (Last, First, Middle Initial) A. HOGAR Inc City Haverstraw Naling Address 49 West Broad St, Ste 3 PO Box 577  City Haverstraw Ny 10927 Purpose of Disbursement Candidate Name Office Sought: B. House Senate President Journal Advertisement Journal Advertisement City Ny Ny 10927 Purpose of Disbursement Condidate Name Office Sought: B. House Senate Ny 10804 Purpose of Disbursement Journal Advertisement Journal Advertisement Office Sought: State: District:  Full Name (Last, First, Middle Initial) B. Huguenot & New Rochelle Ny 10804 Purpose of Disbursement Journal Advertisement Journal Advertisem					or the purpose of solicating contributions
A HOGAR Inc  Mailing Address 49 West Broad St, Ste 3 PO Box 577  City State Zip Code NY 10927  Purpose of Disbursement Journal Advertisement Candidate Name  Office Sought: House Senate President Source Senate Primary General Primary Gene	Si i	NAME OF COMMITTEE (In Full)	ie and address of any politica	i committee to so	iicit contributions from Such committee
Haverstraw  Purpose of Disbursement Journal Advertisement  Candidate Name  Office Sought: House   Primary   General  District:   House   Primary   General  Office Sought:   House   District:   House   Primary   General  City   State   District:   Transaction ID: D135844  District:   District:   Transaction ID: D135844  Date of Disbursement this Period  Amount of Each Disbursement this Period  Transaction ID: D135844  Date of Disbursement this Period  Amount of Each Disbursement this Period  Transaction ID: D135844  Date of Disbursement this Period  Amount of Each Disbursement this Period  Transaction ID: D135844  Date of	Α.	HOGAR Inc	3 PO Box 577		Date of Disbursement
Journal Advertisement Candidate Name  Office Sought:		Haverstraw			
Senate President State: District:    State		Journal Advertisement			Contributions Required Under
Full Name (Last, First, Middle Initial)  Huguenot & New Rochelle Historical Associ  Mailing Address 46 Longue Vue Avenue  City State Zip Code New Rochelle  Purpose of Disbursement Journal Advertisement Candidate Name  Office Sought: House Senate Primary General New Rochelle  Transaction ID: D135808 Date of Disbursement  10 1 2 6 7 2 0 0 6  Amount of Each Disbursement this Period  Amount of Each Disbursement this Period  Category/ Type  Other (specify) ▼  Transaction ID: D135808 Date of Disbursement this Period  Amount of Each Disbursement this Period  11 C.F.R. 400.53  Transaction ID: D135844 Date of Disbursement  10 1 2 9 7 2 0 0 6  Transaction ID: D135844 Date of Disbursement  11 C.F.R. 400.53  Transaction ID: D135844 Date of Disbursement  11 0 1 2 9 7 2 0 0 6  Transaction ID: D135844 Date of Disbursement  12 0 0 6 7 2 0 0 0 6  Transaction ID: D135844 Date of Disbursement  13 0 1 2 9 7 2 0 0 6  Transaction ID: D135844 Date of Disbursement  14 0 0 1 2 9 7 2 0 0 6  Transaction ID: D135844 Date of Disbursement  14 0 0 1 2 9 7 2 0 0 6  Transaction ID: D135844 Date of Disbursement Under  15 0 1 2 9 7 2 0 0 6  Transaction ID: D135844 Date of Disbursement Under  16 0 1 2 0		Senate President	Primary General		
Mailing Address 46 Longue Vue Avenue  City New Rochelle Purpose of Disbursement Journal Advertisement Candidate Name  Office Sought: House Senate President State: District:  Full Name (Last, First, Middle Initial) C. Key Post Realty Corp.  Mailing Address PO Box 26  City New Rochelle NY 10802  Purpose of Disbursement Candidate Name  Disbursement For: Senate Primary General  Transaction ID: D135844 Date of Disbursement  District:  Transaction ID: D135844 Date of Disbursement  Mo	— В.	Full Name (Last, First, Middle Initial)	noi		
New Rochelle Purpose of Disbursement Journal Advertisement Candidate Name  Office Sought:  House President State:  District:  Full Name (Last, First, Middle Initial) C. Key Post Realty Corp.  Mailing Address PO Box 26  City New Rochelle Purpose of Disbursement Office Rent Candidate Name  Disbursement For:  State  District:  Transaction ID: D135844 Date of Disbursement  Mo					
District		,			
Office Sought: House Senate Primary General Other (specify) ▼  State: District: Full Name (Last, First, Middle Initial) Key Post Realty Corp.  Mailing Address PO Box 26  City State Zip Code New Rochelle NY 10802  Purpose of Disbursement Office Rent Candidate Name  Office Sought: House Senate Primary General Other (specify) ▼  Office Sought: House Senate Primary General Other (specify) ▼  State: District: Disbursement For:  Senate Primary General Other (specify) ▼  State: District: Disbursement For:  Senate Primary General Other (specify) ▼  State: District: Disbursement For:		Journal Advertisement			Refund or Disposal of Excess Contributions Required Under
C. Full Name (Last, First, Middle Initial) Key Post Realty Corp.  Mailing Address PO Box 26  City New Rochelle Purpose of Disbursement Office Rent Candidate Name  Disbursement For: Senate President State: District:  Transaction ID: D135844 Date of Disbursement  Mailing Address PO Box 26  Transaction ID: D135844 Date of Disbursement  Amount of Each Disbursement this Period  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		Senate President	Primary General	1,750	
Mailing Address PO Box 26  City State Zip Code New Rochelle NY 10802  Purpose of Disbursement Office Rent Candidate Name  Office Sought: House Senate Primary General Other (specify) ▼  State: District:    10	C.	Full Name (Last, First, Middle Initial)			Date of Disbursement
New Rochelle  Purpose of Disbursement Office Rent Candidate Name  Office Sought: House Senate Primary General President State: District:  NY 10802  1466.66  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		Mailing Address PO Box 26			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 0 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 9 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{smallmatrix} \end{bmatrix}$
Office Rent Candidate Name  Category/ Type  Office Sought: House Senate Primary General Other (specify)  State: District:  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		New Rochelle		1	
Senate Primary General Other (specify) ▼  State: District:		Office Rent		1 ,	Refund or Disposal of Excess Contributions Required Under
1066.66		Senate President	Primary General		
	s				1866.66

S	CHEDULE B (FEC Form 3)			FOR LINE	NUMBER: PAGE 29 / 50
ITEMIZED DISBURSEMENTS		Use seperate schedule(s) for each category of the		(check only	
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	y Information copied from such Reports and Statem for commercial purposes, other than using the name				or the purpose of solicating contributions
$\vdash$	NAME OF COMMITTEE (In Full)	71			
$ \rangle$	Nita Lowey for Congress				
	Full Name (Last, First, Middle Initial)				Transaction ID: D135843
Α.	NetCampaign, LLC				Date of Disbursement
	Mailing Address 718 7th Street, NW Suite 300				10 M / D 2 9 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Washington	State Zip Code DC 20001			Amount of Each Disbursement this Period
	Purpose of Disbursement Web Hosting			•	80.00  Refund or Disposal of Excess
	Candidate Name			Category/	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President	ment For: Primary Gen Other (specify)	eral		
	State: District:	, ( ) , <del>(</del>			
	Full Name (Last, First, Middle Initial)				Transaction ID: D135874
В.	NetCampaign, LLC				Date of Disbursement
	Mailing Address 718 7th Street, NW Suite 300				111 D 20 / Y Y Y O O 6 Y
		State Zip Code DC 20001			Amount of Each Disbursement this Period
	Purpose of Disbursement Web Hosting and Maintenance			•	562.50  Refund or Disposal of Excess
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Senate President	ment For: Primary Gen Other (specify)	eral		
	State: District:				
C.	Full Name (Last, First, Middle Initial) New Rochelle Chamber of Commerce				Transaction ID: D135807 Date of Disbursement
	Mailing Address 459 Main Street				$\begin{bmatrix} \begin{smallmatrix} M & O & M \\ 1 & O & M \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & G \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Q & Q & G \\ Y & 2 & O & Q & G \end{bmatrix}$
		State Zip Code NY 10801			Amount of Each Disbursement this Period
	Purpose of Disbursement			•	125.00
	Journal Advertisement  Candidate Name			Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President	ment For: Primary Gen Other (specify)	eral	,	
	State: District:	Other (specify)			
s	UBTOTAL of Disbursements This Page (optional)				767.50

	CHEDULE B (FEC Form 3 )	Use seperate schedule(s)	FOR LINE (check only	NUMBER: PAGE 30 / 50
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	_ I `	X 17
An	y Information copied from such Reports and Statem	ents may not be sold or used	l by any person f	
or	for commercial purposes, other than using the name	e and address of any political	committee to so	licit contributions from such committee
$\setminus$	NAME OF COMMITTEE (In Full)			
V	Nita Lowey for Congress			
_	Full Name (Last, First, Middle Initial)			Transaction ID: D135816
Α.	New Rochelle Italian-American Association	1		Date of Disbursement
	Mailing Address 1 Cleveland Ct.			10  26  2006
		State Zip Code		Amount of Each Disbursement this Period
		NY 10801		150.00
	Purpose of Disbursement Journal Advertisement		•	Refund or Disposal of Excess
	Candidate Name		Category/	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse	ment For:	Туре	11 0.1 .11. 400.30
	Senate Disburse	Primary General		
	President	Other (specify)		
	State: District: Full Name (Last, First, Middle Initial)			
В.	Noam Bramson			Transaction ID: D135881 Date of Disbursement
	Mailing Address 201 Pinebrook Boulevard	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$		
	,	State Zip Code		Amount of Each Disbursement this Period
	New Rochelle Purpose of Disbursement	NY 10804		4583.33
	Political Consulting Services			Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse	ment For:		
	President	Primary General Other (specify) ▼		
	State: District:			
C.	Full Name (Last, First, Middle Initial)  Noam Bramson			Transaction ID: D135882
•		Date of Disbursement		
	Mailing Address 201 Pinebrook Boulevard		$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 1 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 2 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{smallmatrix} \end{bmatrix}$	
		State Zip Code NY 10804		Amount of Each Disbursement this Period
	Purpose of Disbursement		-	4583.33
	Political Consulting Services  Candidate Name	Cotogony	Refund or Disposal of Excess Contributions Required Under	
	Cardidate Name	Category/ Type	11 C.F.R. 400.53	
		ment For:		
	Senate   President	Primary General Other (specify) ▼		
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	y Information copied from such Reports and Stater for commercial purposes, other than using the nam					
$\rangle$	NAME OF COMMITTEE (In Full) Nita Lowey for Congress					
Α.	Full Name (Last, First, Middle Initial) Northern Westchester Shelter  Mailing Address PO Box 203					Transaction ID: D135828 Date of Disbursement    M
	City Pleasantville	State NY	Zip Code 10570			Amount of Each Disbursement this Period
	Purpose of Disbursement Journal Advertisement Candidate Name			l .	egory/	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought:    House   Disburs     Senate   President     State: District:	ement For: Primary Other (spe	General ecify) ▼		урс	
В.	Full Name (Last, First, Middle Initial) Paychex, Inc.					Transaction ID: D135868 Date of Disbursement  1 1 2 0 0 6
	Mailing Address 100 Painters Mill Road PO Box 388					11 10 2006
	City Owings Mills	State MD	Zip Code 21117			Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Service Candidate Name			Cate	egory/	59.97  Refund or Disposal of Excess Contributions Required Under
		ement For: Primary Other (spe	General ecify) ▼		уре	11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Paychex, Inc.					Transaction ID: D135871 Date of Disbursement
	Mailing Address 100 Painters Mill Road PO Box 388					111
	City Owings Mills	State MD	Zip Code 21117			Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Taxes				· 1	401.25  Refund or Disposal of Excess
	Candidate Name				egory/ ype	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburs Senate President	ement For: Primary Other (spe	General			
	State: District:		<i>,,</i> ★			
s	UBTOTAL of Disbursements This Page (optional)				. <u></u>	611.22

S	CHEDULE B (FEC Form 3 )		- 1	FOR LINE	NUMBER: PAGE 32 / 50
ITEMIZED DISBURSEMENTS		Use seperate schedule(s) for each category of the Detailed Summary Page	(check only		
_		, ,			20a 20b 20c 21
	y Information copied from such Reports and Staten for commercial purposes, other than using the nam				
$\setminus$	NAME OF COMMITTEE (In Full)				
//	Nita Lowey for Congress				
_	Full Name (Last, First, Middle Initial)				Transaction ID: D135853
A.	Paychex, Inc.				Date of Disbursement
	Mailing Address 100 Painters Mill Road PO Box 388				$\begin{bmatrix} M & M & M \\ 1 & 0 & M \end{bmatrix} / \begin{bmatrix} D & 3 & 1 \\ 3 & 1 \end{bmatrix} / \begin{bmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{bmatrix}$
	City Owings Mills	State Zip Code MD 21117			Amount of Each Disbursement this Period
	Purpose of Disbursement			•	401.25
	Payroll Taxes Candidate Name		Į Ļ	otogon/	Refund or Disposal of Excess Contributions Required Under
	Candidate Name			ategory/ Type	11 C.F.R. 400.53
		ement For:			
	Senate   President	Primary General Other (specify) ▼			
	State: District:	_ Other (specify) \			
	Full Name (Last, First, Middle Initial)				Transaction ID: D135872
В.	PCMS, LLC				Date of Disbursement    M   M   P   D   D   Y   Y   Y   Y   Y   Y   Y   Y
	Mailing Address 5304 McKinley Street				
	City Bethesda	State Zip Code MD 20814			Amount of Each Disbursement this Period
	Purpose of Disbursement	WD 20014			2571.25
	Accounting Services		Refund or Disposal of Excess		
	Candidate Name		С	ategory/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate	ement For:  Primary General			
	President	Other (specify) ▼			
	State: District:				
C.	Full Name (Last, First, Middle Initial) PhotoBureau Inc.				Transaction ID: D135848 Date of Disbursement
	Mailing Address 105 Garth Rd. #1H	$\begin{bmatrix} M & M \\ 1 & 0 \end{bmatrix} & \begin{bmatrix} D & D \\ 2 & 9 \end{bmatrix} & \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{bmatrix}$			
	City Scarsdale	State Zip Code NY 10583			Amount of Each Disbursement this Period
	Purpose of Disbursement	41.80  Refund or Disposal of Excess Contributions Required Under			
	Photography Services  Candidate Name  Category/				
		Type	11 C.F.R. 400.53		
	Office Sought: House Disburse Senate	ement For: Primary General			
	President	Other (specify)			
_	State: District:				
s	UBTOTAL of Disbursements This Page (optional)			▶	3014.30

S	CHEDULE B (FEC Form 3	)		LOBLINE	NUMBER. DAGE 00/F0	
ITEMIZED DISBURSEMENTS		Use sep	Use seperate schedule(s) for each category of the	(check only	NUMBER: PAGE 33 / 50 y one)	
	EMIZED DISBURSEMENTS		I Summary Page		X 17 18 19a 19b 20a 20b 20c 21	
	y Information copied from such Reports an for commercial purposes, other than using					
Λ	NAME OF COMMITTEE (In Full)					
/	Nita Lowey for Congress					
A.	Full Name (Last, First, Middle Initial) Port Chester-Rye Brook Chamber of		Transaction ID: D135819 Date of Disbursement			
	Mailing Address 110 Willett Ave	$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 0 \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 6 \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & G \\ Y & 2 & 0 & 0 & G \end{bmatrix}$				
	City Port Chester	State NY	Zip Code 10573		Amount of Each Disbursement this Period	
	Purpose of Disbursement Journal Advertisement		Г	•	125.00  Refund or Disposal of Excess	
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53	
	Office Sought: House Senate President	Disbursement For: Primary Other (sp	General ecify) ▼			
	State: District:					
В.	Full Name (Last, First, Middle Initial) Rockland County Democratic Committee				Transaction ID: D135854 Date of Disbursement	
	Mailing Address PO Box 266				10 M / 31 / Y 2006	
	City New City	State NY	Zip Code 10956		Amount of Each Disbursement this Period	
	Purpose of Disbursement Direct Mail Advertising				2000.00  Refund or Disposal of Excess	
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53	
	Office Sought: House Senate President	Disbursement For: Primary Other (sp	General ecify) ▼			
	State: District:		<i>y</i> , <b>\</b>			
C.	Full Name (Last, First, Middle Initial) RSVP of Westchester				Transaction ID: D135822 Date of Disbursement	
	Mailing Address 280 NOrth Central Ave Suite 310				$\begin{bmatrix} \begin{smallmatrix} M & O & M \\ 1 & 0 & M \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 6 \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Q \\ 2 & 0 & 0 & 6 \end{bmatrix}$	
	City Hartsdale	State NY	Zip Code 10530		Amount of Each Disbursement this Period	
	Purpose of Disbursement	•	500.00			
	Journal Advertisement  Candidate Name  Category/ Type				Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
	Office Sought: House Senate President	Disbursement For: Primary Other (sp	General ecify) ▼	Ni		
	State: District:	(0)	<i>37</i> , <b>▼</b>			
s	UBTOTAL of Disbursements This Page (o	optional)			2625.00	

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SCHEDULE B (FEC Form 3)	Use seperate schedule(s)	FOR LINE I	
TEMIZED DISBURSEMENTS	for each category of the	1 ` <u>-</u>	- ' — — —
	Detailed Summary Page	<u> </u>	( 17
Annulation conicd from a sub-	ante manifesta de la compania		
Any Information copied from such Reports and Staten or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)			
Nita Lowey for Congress			
Full Name (Last, First, Middle Initial)  A. Ryan Phillips Utrecht & MacKinnon			Transaction ID: D135842 Date of Disbursement
Mailing Address 1133 Connecticut Avenu	e NW		$\begin{bmatrix}\begin{smallmatrix}M\\1\end{smallmatrix}0^M\end{smallmatrix}]^M \begin{bmatrix}\begin{smallmatrix}D\\2\end{smallmatrix}0^M\end{smallmatrix}]^M \begin{bmatrix}\begin{smallmatrix}D\\2\end{smallmatrix}0^M\end{smallmatrix}0^M$
City Washington	State Zip Code DC 20036		Amount of Each Disbursement this Period
Purpose of Disbursement Legal Services		• •	1306.54  Refund or Disposal of Excess
Candidate Name	,	Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Senate President	ement For: Primary General Other (specify)		
Full Name (Last, First, Middle Initial)  3. Ryan Phillips Utrecht & MacKinnon			Transaction ID: D135886 Date of Disbursement
Mailing Address 1133 Connecticut Avenu		$ \begin{bmatrix} M & M \\ 1 & 1 \end{bmatrix} \begin{bmatrix} D & 2 & 2 \end{bmatrix} \begin{bmatrix} Y & Y & Y & Y & Y & Y & Y & Y & Y & Y &$	
City Washington	State Zip Code DC 20036		Amount of Each Disbursement this Period
Purpose of Disbursement Legal Services		•	1703.12  Refund or Disposal of Excess
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Senate President	ement For: Primary General Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial) Sacred Heart High School			Transaction ID: D135823 Date of Disbursement
Mailing Address Principal's Scholarship D	inner 34		10 M 26 Y 2006 Y
City Yonkers	State Zip Code NY 10703		Amount of Each Disbursement this Period
Purpose of Disbursement Journal Advertisement			250.00  Refund or Disposal of Excess
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburse Senate President	ement For:  Primary General  Other (specify)		
State: District:			
SUBTOTAL of Disbursements This Page (optional)		<b>&gt;</b>	3259.66

SCHEDULE B (FECForm 3)	Use seperate schedule(s)	FOR LINE		
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	one) ( 17	
Any Information copied from such Reports and State or for commercial purposes, other than using the na				
NAME OF COMMITTEE (In Full)  Nita Lowey for Congress	,			
Full Name (Last, First, Middle Initial)  A. Special Olympics of New York			Transaction ID: D135820	
——————————————————————————————————————			Date of Disbursement  10 26 2006	
Mailing Address 504 Balltown Road			10 26 2006	
City Schenectady	State Zip Code NY 12304		Amount of Each Disbursement this Period	
Purpose of Disbursement Journal Advertisement			275.00  Refund or Disposal of Excess	
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53	
Senate President	rsement For: Primary General Other (specify) ▼			
State: District:  Full Name (Last, First, Middle Initial)			Transaction ID: D135862	
B. The Frost Group				
Mailing Address 2737 Devonshire Place	Mailing Address 2737 Devonshire Place, NW #325			
City Washington	State Zip Code DC 20008		Amount of Each Disbursement this Period	
Purpose of Disbursement Fundraising Consulting Services		5000.00  Refund or Disposal of Excess		
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53	
Office Sought: House Disbur Senate President State: District:	rsement For:  Primary General  Other (specify) ▼			
Full Name (Last, First, Middle Initial)  C. The Mellman Group			Transaction ID: D135840 Date of Disbursement	
Mailing Address 1000 Thom Jefferson St NW #520			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 0 \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 9 \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{smallmatrix} \end{bmatrix}$	
City Washington	State Zip Code DC 20007		Amount of Each Disbursement this Period	
Purpose of Disbursement Polling Expense	Purpose of Disbursement			
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53	
Office Sought: House Disbur Senate President State: District:	rsement For: Primary General Other (specify)			
SUBTOTAL of Disbursements This Page (optional	n		5308.91	
TOTAL This Period (last page this line number on				

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	CHEDULE B (FEC Form 3 )		erate schedule(s)	FOR LINI (check or	E NUMBER: PAGE 36 / 50
ITEMIZED DISBURSEMENTS			for each category of the Detailed Summary Page		X   17
	y Information copied from such Reports and Stater for commercial purposes, other than using the name				
$\setminus$	NAME OF COMMITTEE (In Full) Nita Lowey for Congress				
$\mathbb{L}$					
A.	Full Name (Last, First, Middle Initial) The Mellman Group				Transaction ID: D135841 Date of Disbursement
	Mailing Address 1000 Thom Jefferson St	NW #520	)		10 M / D 29 / Y 2006 Y
	City Washington	State DC	Zip Code 20007		Amount of Each Disbursement this Period
	Purpose of Disbursement Polling Expense				36100.00  Refund or Disposal of Excess
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburs Senate President	ement For: Primary Other (sp	General ecify) ▼		
	State: District:				
В.	Full Name (Last, First, Middle Initial) The National Herald Inc.				Transaction ID: D135821 Date of Disbursement
	Mailing Address Greek American Daily N 41-17 Crescent Street	ewspaper			10 M / 26 / Y 2006 Y
	City Long Island City	State NY	Zip Code 11101		Amount of Each Disbursement this Period
	Purpose of Disbursement Journal Advertisment				Refund or Disposal of Excess
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Senate President	ement For: Primary Other (sp	General ecify) ▼		
	State: District:				
C.	Full Name (Last, First, Middle Initial) The Rye Record				Transaction ID: D135873 Date of Disbursement
	Mailing Address 14 Elm Place				$\begin{bmatrix} M & M & M \\ 1 & 1 & M \end{bmatrix} / \begin{bmatrix} D & D \\ 2 & 0 \end{bmatrix} / \begin{bmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{bmatrix}$
	City Rye	State NY	Zip Code 10580		Amount of Each Disbursement this Period
	Purpose of Disbursement Journal Advertisement				495.00  Refund or Disposal of Excess
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburs Senate President	ement For: Primary Other (sp	☐ General		
_	State: District:				
s	UBTOTAL of Disbursements This Page (optional)				36727.00

SCHEDULE B (FEC Form 3)	Use seperate schedule(s)	FOR LINE N					
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only c	ne)   17				
	, ,		20a 20b 20c 21				
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NAME OF COMMITTEE (In Full) Nita Lowey for Congress							
Full Name (Last, First, Middle Initial)			Transaction ID: D135878				
The State Insurance Fund			Date of Disbursement				
Mailing Address GPO Box 5351			1 1 1 D 2 0 Y Y Y 0 0 6 Y				
City New York	State Zip Code NY 10087		Amount of Each Disbursement this Period				
Purpose of Disbursement	10007		118.68				
Disability Benefits Insurance			Refund or Disposal of Excess				
Candidate Name		ategory/ Type	Contributions Required Under 11 C.F.R. 400.53				
Office Sought: House Senate President State: District:	ement For: Primary General Other (specify)	71					
Full Name (Last, First, Middle Initial)			Transaction ID: D135879				
Twenty First Century Group, Inc.			Date of Disbursement				
Mailing Address 434 New Jersey Ave, SE			1 1 1 D 2 0 Y 2 0 0 6				
City Washington,	State Zip Code DC 20003		Amount of Each Disbursement this Period				
Purpose of Disbursement		• •	1000.00				
Fundraising Event Site Rental Candidate Name		atagan/	Refund or Disposal of Excess Contributions Required Under				
Candidate Name		ategory/ Type	11 C.F.R. 400.53				
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)						
Full Name (Last, First, Middle Initial)			Transaction ID: D135883				
Verizon - Conference Service			Date of Disbursement				
Mailing Address Po Box 15026			1 1 1 D 2 2 Y Y Y 0 0 6 Y				
	State Zip Code NY 12212-5026		Amount of Each Disbursement this Period				
Purpose of Disbursement Office Phone Service			176.18  Refund or Disposal of Excess				
Candidate Name		ategory/ Type	Contributions Required Under 11 C.F.R. 400.53				
Office Sought: House Disburse Senate President State: District:	ement For:  Primary  General  Other (specify)						
			100100				
SUBTOTAL of Disbursements This Page (optional)							
TOTAL This Period (last page this line number only)		•					

SCHEDULE B (FECFOIII 3 )		Use seperate schedule(s)	FOR LINE (check onl	E NUMBER: PAGE 38 / 50		
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21		
	ly Information copied from such Reports and State for commercial purposes, other than using the na					
$\rangle$	NAME OF COMMITTEE (In Full) Nita Lowey for Congress					
Α.	Full Name (Last, First, Middle Initial) Verizon Wireless  Mailing Address PO BOX 489			Transaction ID: D135884 Date of Disbursement  M M M / D2 D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City Newark	State Zip Code NJ 07101		Amount of Each Disbursement this Period		
	Purpose of Disbursement Cell Phone Service Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: House Senate President State: District:	rsement For: Primary General Other (specify)	,			
В.	Full Name (Last, First, Middle Initial) Verizon Wireless			Transaction ID: D135847 Date of Disbursement		
	Mailing Address PO BOX 489			1 0 M / D 2 9 / Y Y Y O O 6 Y		
	City Newark  Purpose of Disbursement Cell Phone Service	State Zip Code NJ 07101		Amount of Each Disbursement this Period  48.76  Refund or Disposal of Excess		
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53		
	Office Sought:  House Senate President State:  Disbur	rsement For: Primary General Other (specify) ▼				
C.	Full Name (Last, First, Middle Initial) Verizon			Transaction ID: D135885 Date of Disbursement		
	Mailing Address 350 Granite Street			1 1 M		
	City Braintree	State Zip Code MA 02184		Amount of Each Disbursement this Period		
	Purpose of Disbursement Office Phone Expense Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: House Senate President State: District:	rsement For: Primary General Other (specify)				
s	UBTOTAL of Disbursements This Page (optional	l)	<b>&gt;</b>	512.97		
	OTAL This Period (last page this line number onl					

SCHEDUL	EB(FECForm 3)	Use seperate schedule(s)	-	NUMBER: PAGE 39 / 50		
ITEMIZED	DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	y one) X 17		
				for the purpose of solicating contributions licit contributions from such committee		
\	OMMITTEE (In Full)  of for Congress					
	ast, First, Middle Initial) er Community Opportunity Prog	gram		Transaction ID: D135814  Date of Disbursement		
Mailing Addr	ess 2269 Saw Mill River Roa	d		$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 0 \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} D & D \\ D & E \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & O & O & E \\ Y & E & O & O & E \end{bmatrix} $		
City Elmsford		State Zip Code NY 10523		Amount of Each Disbursement this Period		
Purpose of D Journal Adve Candidate Na			Category/	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
Office Sough	nt: House Disburse Senate President District:	ement For: Primary General Other (specify)	Туре	11 O.I. III. 400.30		
3. Westchest	ast, First, Middle Initial) er Hispanic Chamber of Commo	erce		Transaction ID: D135811 Date of Disbursement  10 26 2006		
Mailing Addr	ess 235 Mamaroneck Ave					
City White Plair		State Zip Code NY 10605		Amount of Each Disbursement this Period		
Purpose of D Journal Adve Candidate N			Category/ Type	250.00  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
Office Sough	nt: House Disburse Senate President District:	ement For: Primary General Other (specify)	Турс			
` `	ast, First, Middle Initial) er Jewish Conference			Transaction ID: D135852 Date of Disbursement		
Mailing Addre	ess 701 Westchester Ave, S	te 203E		$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 0 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 3 & 0 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{smallmatrix} Y$		
City White Plair	ns	State Zip Code NY 10604		Amount of Each Disbursement this Period		
Purpose of D Journal Adve	Disbursement ertisement			1000.00  Refund or Disposal of Excess		
Candidate Na			Category/ Type	Contributions Required Under 11 C.F.R. 400.53		
Office Sough	nt: House Disburse Senate President District:	ement For: Primary General Other (specify) ▼				
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TOTAL This P	eriod (last page this line number only)					

SCHEDULE B (FEC Form 3)		Use seperate schedule(s)	FOR LINE (check onli	NUMBER: PAGE 40 / 50 y one)
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21
	y Information copied from such Reports and Statem for commercial purposes, other than using the name			
$\rangle$	NAME OF COMMITTEE (In Full) Nita Lowey for Congress			
Α.	Full Name (Last, First, Middle Initial) White Plains Beautification Foundation			Transaction ID: D135817 Date of Disbursement
	Mailing Address 14 Winslow Road			10 M / 26 / Y 2006 Y
	City White Plains	State Zip Code NY 10606		Amount of Each Disbursement this Period
	Purpose of Disbursement Journal Advertisement Candidate Name		Category/	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought:  Senate  President  State:  Disburse	ement For: Primary General Other (specify)	Туре	11 C.F.n. 400.55
В.	Full Name (Last, First, Middle Initial) White Plains Library Foundation			Transaction ID: D135826 Date of Disbursement  10 26 2006
	Mailing Address 100 Martine Ave		10 20 2000	
	White Plains	State Zip Code NY 10601		Amount of Each Disbursement this Period
	Purpose of Disbursement Journal Advertisement Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Senate President State: District:	ement For: Primary General Other (specify)		
C.	Full Name (Last, First, Middle Initial) Winning Connections Inc.			Transaction ID: D135838 Date of Disbursement
	Mailing Address 317 Pennsylvania Ave, S	E 2nd FI		10
	City Washington	State Zip Code DC 20003		Amount of Each Disbursement this Period
	Purpose of Disbursement Automated Phone Calls Candidate Name		Catagory	2959.29  Refund or Disposal of Excess Contributions Required Under
			Category/ Type	11 C.F.R. 400.53
	Office Sought: House Disburse Senate President State: District:	ement For: 2006 Primary X General Other (specify)		
s	UBTOTAL of Disbursements This Page (optional)		<b>&gt;</b>	3459.29
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S	CHEDULE E	3 (FEC Form 3)	Use sepe	rate schedule(s)		NUMBER:	PAGE 41/50
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			Detailed	Summary Page			20c 21
		ed from such Reports and poses, other than using the					
$\overline{\ }$	NAME OF COMM	/IITTEE (In Full)					
/	Nita Lowey for	Congress					
۹.	Full Name (Last, Winning Conne	First, Middle Initial)				Transaction ID: D10	
						M M / D D	2 0 0 6
	Mailing Address	317 Pennsylvania A	Ave, SE 2nd Fl			10 29	2006
	City Washington		State DC	Zip Code 20003		Amount of Each Disk	oursement this Period
	Purpose of Disbu					Refund or Dispos	6422.88
	Candidate Name				Category/ Type	Contributions Rec 11 C.F.R. 400.53	quired Under
	Office Sought:	House Di Senate President	sbursement For: Primary Other (spe	2006 X General			
	State:	District:	outer (ope	S <b>y</b> , •			
	Full Name (Last,	First, Middle Initial)				Transaction ID: D10	35824
3.	Women's Club	of White Plains				Date of Disbursemen	t
	Mailing Address	305 Ridgeway				10 26	Y ŽOŠG
	City		State	Zip Code		Amount of Each Disk	oursement this Period
	White Plains		NY	10605			200.00
	Purpose of Disbu Journal Advertise					Refund or Dispos	
	Candidate Name				Category/ Type	Contributions Rec 11 C.F.R. 400.53	quired Under
	Office Sought:	House Di	isbursement For:	General			
		President	Other (spe	cify)			
	State:	District:					
Э.	Full Name (Last, I American Expr	First, Middle Initial) ess				Transaction ID: D10 Date of Disbursemen	
	Mailing Address	PO BOX 1270				111 / 22	2006
	City Newark		State NJ	Zip Code 07101		Amount of Each Disk	oursement this Period
	Purpose of Disbu Credit Card Paym			07.101			1207.07
	Candidate Name	ion.			Category/ Type	Refund or Dispos Contributions Red 11 C.F.R. 400.53	quired Under
	Office Sought:		isbursement For:				
		Senate President	Other (spe	General			
	State:	District:	Other (spe	ony) ▼			
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	SCHEDULE B (FEC Form 3 )  Use seperate schedule			FOR LINE		IE NUMBER: PAGE 42 / 50				42 / 50		
	EMIZED DISBURSEMENTS	Detailed	category of the Summary Page			X 17 20a		18 20b		19a 20c		19b 21
	y Information copied from such Reports and S for commercial purposes, other than using the											
$\setminus$	NAME OF COMMITTEE (In Full)											
/	Nita Lowey for Congress											
Α.	Full Name (Last, First, Middle Initial) Citgo					Date	of D	ion ID	eme			
	Mailing Address					1 1	М	/ D	2 2	′ L`	Ž	006
	City Mamaroneck	State NY	Zip Code 10543			Amo	unt c	of Each	n Dis	burse	men	t this Period
	Purpose of Disbursement Travel Expense						Refur	nd or D	Dispos	sal of	Exc	80.57 ess
	Candidate Name				tegory/ Type		1 C.	ibution F.R. 4	00.53		d Un	der
	Office Sought: House Dis Senate President	bursement For: Primary Other (spe	General ecify) ▼			- [IVIEN	ЛО	I I EIVI	J			
	State: District:											
В.	Full Name (Last, First, Middle Initial) Golden Carriage Limousine					Date	of D	ion ID isburs	eme			
	Mailing Address 347 Midland Avenue					1 1	М	/ D	2 2		Ž	006
	City Rye	State NY	Zip Code 10580			Amo	unt c	of Each	n Dis	burse	men	t this Period
	Purpose of Disbursement Travel				Refund or Disposal of Exce							
	Candidate Name				tegory/ Γype	Contributions Required Under 11 C.F.R. 400.53  [MEMO ITEM]			der			
	Office Sought: House Dis Senate President	bursement For: Primary Other (spe	General ecify) ▼			[IWE		I I LIVI	J			
	State: District:											
C.	Full Name (Last, First, Middle Initial) Staples - Potomac Yard				Date	of D	ion ID isburs	eme		90		
	Mailing Address 3301 Jeff Davis Hwy					1 1	М	/   2	2 2	′ L`	Ž	006
	City Alexandria	State VA	Zip Code 22305			Amo	unt c	of Eacl	n Dis	burse	men	t this Period
	Purpose of Disbursement Supplies							nd or D				
	Candidate Name				tegory/ Γype		1 C.	ibution F.R. 4	00.53		d Un	der
	Office Sought: House Dis Senate President State: District:	bursement For: Primary Other (spe	General ecify) ▼			LIVIEN		i i Livi	J			
<u> </u>		onel)										0.00
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	OTAL This Period (last page this line number	oniy)	•••••	•••••	🕨							

## Image# 27931232809

City

State:

## SCHEDULE B (FEC Form 3 )

Senate President

District:

FOR LINE NUMBER: PAGE 43/50 Use seperate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the Detailed Summary Page 17 18 19b 20a 20b 20c 21 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) Nita Lowey for Congress Full Name (Last, First, Middle Initial) Transaction ID: D135897 USPS Date of Disbursement 2 2 2006 Mailing Address 620 Mamaroneck Ave State Zip Code Amount of Each Disbursement this Period White Plains NY 10605 78.00 Purpose of Disbursement Postage Refund or Disposal of Excess Candidate Name Contributions Required Under Category/ 11 C.F.R. 400.53 Type [MEMO ITEM] Office Sought: House Disbursement For:

General

Primary

Other (specify)

SUBTOTAL of Disbursements This Page (optional)	•	0.00
TOTAL This Period (last page this line number only)	<b>•</b>	179442.29

50	CHEDULE B (FEC Form 3)	Use seperate schedule(s)	-	NUMBER: PAGE 44/50
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	y one) 17
	y Information copied from such Reports and St for commercial purposes, other than using the			
$\rangle$	NAME OF COMMITTEE (In Full) Nita Lowey for Congress			
Α.	Full Name (Last, First, Middle Initial) ARCURI FOR CONGRESS  Mailing Address P.O. Box 8508			Transaction ID: D135792 Date of Disbursement  M M M / D D D / Y Y Y O Y O O O O O O O O O O O O O O
	City Utica	State Zip Code NY 13505		Amount of Each Disbursement this Period
		oursement For: 2006	Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Senate President State: NY District: 24  Full Name (Last, First, Middle Initial)	Primary X General Other (specify) ▼		Tunnestin ID D405704
B.	BRALEY FOR CONGRESS  Mailing Address PO Box 390			Transaction ID: D135794 Date of Disbursement  M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Waterloo Purpose of Disbursement 2006 General Contribution	State Zip Code IA 50704	•	Amount of Each Disbursement this Period  1000.00
	Candidate Name Braley, Bruce		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought:  X House Senate President  State: IA  District: 01	oursement For: 2006 Primary X General Other (specify)		
C.	Full Name (Last, First, Middle Initial) CARNEY FOR CONGRESS			Transaction ID: D135793 Date of Disbursement
	Mailing Address PO Box 38			10 M / 26 / Y 2006 Y
	City Dimock	State Zip Code PA 18816		Amount of Each Disbursement this Period
	Purpose of Disbursement 2006 General Contribution Candidate Name		Category/	Refund or Disposal of Excess Contributions Required Under
	Carney, Christopher  Office Sought:  X House Senate President  State: PA District: 10	oursement For: 2006 Primary X General Other (specify) ▼	Туре	11 C.F.R. 400.53
s	UBTOTAL of Disbursements This Page (optio	nal)	<b>&gt;</b>	4000.00
Т	OTAL This Period (last page this line number	only)		

# SCHEDULE B (FEC Form 3 )

ITEMIZED DISBURSEMENTS	for each category of the	(check onl	<u></u>
	Detailed Summary Page	-	17 18 19a 19b 20a 20b 20c X 21
Any Information copied from such Reports and State or for commercial purposes, other than using the number of the commercial purposes.			
NAME OF COMMITTEE (In Full)	ario ario address or ariy ponticar		Sion contributions from coon committee
Nita Lowey for Congress			
Full Name (Last, First, Middle Initial)			Transaction ID: D135799
A. Committee to Bring Back Baron			Date of Disbursement
Mailing Address PO Box 1071			10 26 7 2006
City	State Zip Code		Amount of Each Disbursement this Period
Seymour  Purpose of Disbursement	IN 47274		1000.00
2006 General Contribution			Refund or Disposal of Excess
Candidate Name Baron P Hill		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Office Sought:  X House Senate President State: IN District: 09	rrsement For: 2006 Primary X General Other (specify) ▼		
Full Name (Last, First, Middle Initial)			Transaction ID: D135800
B. FRIENDS OF TAMMY DUCKWORTH			Date of Disbursement
Mailing Address 416 W. 22nd St.			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City Lombard	State Zip Code IL 60148		Amount of Each Disbursement this Period
Purpose of Disbursement 2006 General Contribution	1000.00		
Candidate Name Duckworth, L. Tammy		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought:    X   House   Disbuse     Senate   President     State: IL   District: 06	rrsement For: 2006 Primary X General Other (specify) ▼		
Full Name (Last, First, Middle Initial)  C. HAFEN FOR CONGRESS			Transaction ID: D135797 Date of Disbursement
Mailing Address PO BOX 530996	Mailing Address PO BOX 530996		
City HENDERSON	State Zip Code NV 89053		Amount of Each Disbursement this Period
Purpose of Disbursement 2006 General Contribution			Refund or Disposal of Excess Contributions Required Under
Candidate Name Hafen, Tessa Michelle	Candidate Name Categor Hafen, Tessa Michelle Type		
Office Sought:  X House Senate President State: NV District: 03	ursement For: 2006 Primary X General Other (specify) ▼		
SUBTOTAL of Disbursements This Page (option	al)	<b>&gt;</b>	3000.00
TOTAL This Period (last page this line number or	nlv)		

50	CHEDULE B (FEC Form 3)	Use seperate schedule(s)	_	NUMBER: PAGE 46/50
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	y one) 17
	y Information copied from such Reports and Stat for commercial purposes, other than using the na			
$\rangle$	NAME OF COMMITTEE (In Full) Nita Lowey for Congress			
Α.	Full Name (Last, First, Middle Initial) HARRY MITCHELL FOR CONGRESS			Transaction ID: D135801 Date of Disbursement  10  2 6  2 0 0 6
	Mailing Address PO BOX 23748			20 200
	City TEMPE	State Zip Code AZ 85285		Amount of Each Disbursement this Period
	Purpose of Disbursement 2006 General Contribution Candidate Name		Cotogony	Refund or Disposal of Excess Contributions Required Under
	Mitchell, Harry	rsement For: 2006 Primary X General Other (specify)	Category/ Type	11 C.F.R. 400.53
В.	Full Name (Last, First, Middle Initial) JILL DERBY FOR CONGRESS			Transaction ID: D135796 Date of Disbursement  M M M / D2 D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address PO BOX 1901	Charles 7im Condo		
	City MINDEN	State Zip Code NV 89423		Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement 2006 General Contribution Candidate Name Derby, Jill T.		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought:  X House Senate President  State: NV District: 02	rsement For: 2006 Primary X General Other (specify)	7,	
C.	Full Name (Last, First, Middle Initial) JOE DONNELLY FOR CONGRESS			Transaction ID: D135798  Date of Disbursement
	Mailing Address P.O. Box 1961 CENTURY BUILDING			$\begin{bmatrix} \begin{smallmatrix} M & O & M \\ 1 & O & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 6 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{smallmatrix} \end{bmatrix}$
	City South Bend	State Zip Code IN 46634		Amount of Each Disbursement this Period
	Purpose of Disbursement 2006 General Contribution			1000.00  Refund or Disposal of Excess
	Candidate Name Donnelly, Joseph		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought:  X House Senate President State: IN District: 02	rsement For: 2006 Primary X General Other (specify)		
s	UBTOTAL of Disbursements This Page (optional	al)		3000.00
	OTAL This Period (last page this line number or			

# SCHEDULE B (FEC Form 3 )

5	SHEDDLE D (I LOI OHII 3 )	Use seperate schedule(s)		= NUMBER: PAGE 4//50
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check on	17
	y Information copied from such Reports and State for commercial purposes, other than using the na			
\\	NAME OF COMMITTEE (In Full)	The and address of any pointed		olicit contributions from such committee
$\rangle$	Nita Lowey for Congress			
Α.	Full Name (Last, First, Middle Initial) KELLAM FOR CONGRESS			Transaction ID: D135803 Date of Disbursement
	Mailing Address PO Box 56254 PO BOX 56254			10 M / 26 / Y 2006
	City Virginia Beach	State Zip Code VA 23456		Amount of Each Disbursement this Period
	Purpose of Disbursement 2006 General Contribution			1000.00  Refund or Disposal of Excess
	Candidate Name Kellam, Philip		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought:  X House Senate President State: VA District: 02	sement For: 2006 Primary X General Other (specify)		
_	Full Name (Last, First, Middle Initial)			Transaction ID: D105004
В.	Melissa Bean For Congress			Transaction ID: D135804 Date of Disbursement
	Mailing Address 203 Frances Lane			1 0 M / 2 6 / Y 2 0 0 6 Y
	City Barrington	State Zip Code IL 60010		Amount of Each Disbursement this Period
	Purpose of Disbursement 2006 General Contribution			1000.00  Refund or Disposal of Excess
	Candidate Name Bean, Melissa L		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought:  X House Senate President State: IL District: 08	sement For: 2006 Primary X General Other (specify) ▼		
C.	Full Name (Last, First, Middle Initial) New York State Democratic Committee			Transaction ID: D135805 Date of Disbursement
	Mailing Address 461 Park Avenue South			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City New York	State Zip Code NY 10016		Amount of Each Disbursement this Period
	Purpose of Disbursement Unlimited Party Transfer			10000.00  Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disbur Senate President State: District:	sement For:  Primary General  Other (specify) ▼		
s	UBTOTAL of Disbursements This Page (optiona	)		12000.00
	OTAL This Period (last page this line number on			

SCHEDULE B (FECFORIII 3 )	Use seperate schedule(s)	FOR LINE				
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	17 18 19a 19b 20a 20b 20c X 21			
Any Information copied from such Reports and Staten or for commercial purposes, other than using the nam						
NAME OF COMMITTEE (In Full) Nita Lowey for Congress	· · · · · · · · · · · · · · · · · · ·					
Full Name (Last, First, Middle Initial) PERLMUTTER FOR CONGRESS  Mailing Address - 0.440 V - (5) LLO (1994)			Transaction ID: D135802 Date of Disbursement			
Mailing Address 3440 Youngfield St #264			20 200			
City Wheat Ridge	State Zip Code CO 80033		Amount of Each Disbursement this Period			
Purpose of Disbursement 2006 General Contribution			Refund or Disposal of Excess			
Candidate Name Perlmutter, Edwin		Category/ Type	Contributions Required Under 11 C.F.R. 400.53			
Office Sought:  X House Senate President  State: CO District: 07	ement For: 2006 Primary X General Other (specify)					
Full Name (Last, First, Middle Initial)  Rockland County Democratic Committee			Transaction ID: D135861 Date of Disbursement			
Mailing Address PO Box 266			$\begin{bmatrix} \begin{smallmatrix} M & M & M \\ 1 & 1 \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 5 \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{smallmatrix} \end{bmatrix}$			
City New City	State Zip Code NY 10956		Amount of Each Disbursement this Period			
Purpose of Disbursement Nonfederal Contribution Candidate Name		Catagory	Refund or Disposal of Excess Contributions Required Under			
		Category/ Type	11 C.F.R. 400.53			
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)					
Full Name (Last, First, Middle Initial) White Plains Democrats			Transaction ID: D135866 Date of Disbursement			
Mailing Address 300 Martine Ave			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 1 \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 7 \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{smallmatrix} \end{bmatrix}$			
City White Plains	State Zip Code NY 10601		Amount of Each Disbursement this Period			
Purpose of Disbursement Nonfederal Transfer			500.00  Refund or Disposal of Excess			
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53			
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)					
SUBTOTAL of Disbursements This Page (optional)						
TOTAL This Period (last page this line number only)						

## SCHEDULE B (FEC Form 3 )

FOR LINE NUMBER: PAGE 49/50 Use seperate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the 18 19a 19b **Detailed Summary Page** 20a 20b 20c 21 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) Nita Lowey for Congress Full Name (Last, First, Middle Initial) Transaction ID: D135858 Yonkers Democratic City Committee Date of Disbursement 0 2 2006 Mailing Address 955 Yonkers Avenue City State Zip Code Amount of Each Disbursement this Period Yonkers NY 10704 2150.00 Purpose of Disbursement Nonfederal Contribution Refund or Disposal of Excess Candidate Name Contributions Required Under Category/ 11 C.F.R. 400.53 Type Office Sought: Disbursement For: House General Senate Primary President Other (specify) District: State: Full Name (Last, First, Middle Initial) Transaction ID: D135795 ZACK SPACE FOR CONGRESS COMMITTEE Date of Disbursement <sup>™</sup>0 26 2006 Mailing Address 714 N WOOSTER AVENUE City State Zip Code Amount of Each Disbursement this Period DÓVER 44622 OH 1000.00 Purpose of Disbursement 2006 General Contribution Refund or Disposal of Excess Contributions Required Under Candidate Name Category/ 11 C.F.R. 400.53 Space, Zachary Type Office Sought: χ House 2006 Disbursement For:

X General

SUBTOTAL of Disbursements This Page (optional)	<u> </u>	3150.00
TOTAL This Period (last page this line number only)	•	27650.00

Primary

Other (specify)

Senate

District: 18

State: OH

President

Image# 27931232816				
Form/Schedule: <b>F3A</b> Transaction ID:	Report is amended to designate interest income as Primary or General.			
*******	***************************************			